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| Case Number: | CM14-0122036 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 03/12/2014 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 07/23/2014 |
| Priority: | Standard | Application Received: | 08/02/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34 year old male whose date of injury is 03/12/2014. The injured worker fell off a wall onto an anchor bolt that struck his back sustaining a fracture of ribs 9-11 and of the lateral process of L2-3 vertebrae. The injured worker sustained a puncture wound injury to the back. Radiographic report of the right ribs dated 04/09/14 revealed healing fractures of the right 9th, 10th, and 11th ribs. Lumbosacral radiographs are unremarkable. Handwritten note dated 07/14/14 states that medications and transcutaneous electrical nerve stimulation unit help with pain. Diagnoses are open wound, back complicated lumbar fracture, and closed rib fracture and lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS (transcutaneous electrical nerve stimulation) Unit, body part: Lumbar Spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for transcutaneous electrical nerve stimulation (TENS) unit, body part: lumbar spine is not recommended as medically necessary. The submitted records indicate that the injured worker has utilized a TENS unit; however, there are no objective measures of improvement submitted for review to establish efficacy of treatment as required by California Medical Treatment Utilization Schedule guidelines. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore the request is not medically necessary.