

Case Number:	CM14-0136751		
Date Assigned:	09/03/2014	Date of Injury:	04/29/2013
Decision Date:	10/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation and is licensed to practice in California. 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 records presented for review indicate that this 36 year-old individual was reportedly injured on April 29, 2013. The most recent progress note, dated August 12, 2014, indicates that there were ongoing complaints of lower back pain. The physical examination demonstrated tenderness to palpation and muscle spasms. Diagnostic imaging studies were not presented in this report. Previous treatment includes conservative care (the injured employee declined lumbar epidural steroid injections) and is thought to be at a permanent stationary status. A request had been made for TENS and was not certified in the pre-authorization process on August 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 TENS patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121 of 127.

Decision rationale: The records presented for review indicate that this 36 year-old individual was reportedly injured on April 29, 2013. The most recent progress note, dated August 12, 2014, indicates that there were ongoing complaints of lower back pain. The physical examination

demonstrated tenderness to palpation and muscle spasms. Diagnostic imaging studies were not presented in this report. Previous treatment includes conservative care (the injured employee declined lumbar epidural steroid injections) and is thought to be at a permanent stationary status. A request had been made for TENS and was not certified in the pre-authorization process on August 19, 2014.