

Case Number:	CM14-0136784		
Date Assigned:	09/03/2014	Date of Injury:	01/12/2010
Decision Date:	10/15/2014	UR Denial Date:	08/12/2014
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 Neurological Surgery 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 44 year old male was reportedly injured on 1/12/2010. The mechanism of injury was noted as a fall. No progress note was submitted for review. Therefore, the utilization review, dated 08/12/2014, was utilized for patient information. (UR p4) indicated that there were ongoing complaints of low back pain. The physical examination from the utilization review stated lumbar spine had tenderness to palpation of the paraspinal musculature, with spasms noted with decreased range of motion. No recent diagnostic studies were available for review. Previous treatment included medications, transcutaneous electrical nerve stimulation (TENS) unit, and conservative treatment. A request was made for TENS pads two times and urine toxicology screen and was not certified in the preauthorization process on 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS pads x2: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) treatment guidelines recommend against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicate that a one month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, there is no documentation of a full one month trial. The MTUS requires that an appropriate one month trial should include documentation of how often the unit was used, the outcomes in terms of pain relief/reduction and improvement in function. Review of the available medical records fails to document a required one month TENS trial. Since MTUS guidelines do not recommend a TENS unit, all accessories associated with this device fall within this category as well. As such, this request is not considered medically necessary.

Urine Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain, Urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 of 127..

Decision rationale: The documentation provided does not indicate that the claimant is currently utilizing any controlled substances or that the clinician intends to provide the claimant with controlled substances. As such, the request is considered not medically necessary.