

Case Number:	CM14-0155038		
Date Assigned:	09/25/2014	Date of Injury:	09/08/2011
Decision Date:	11/14/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational Medicine, 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 44 year old male with a date of injury on 9/8/2011. The injured worker had chronic lumbar pain and was treated with many medications and multiple modalities including chiropractic, acupuncture, and a transcutaneous electrical nerve stimulation unit. Despite this, pain levels subjectively were as high as 7/10 which was effectively treated with medications according to the notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for TENS electrodes times 2 for purchase (no DOS indicated):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Transcutaneous electrical nerve stimulation.

Decision rationale: The injured worker has been using the transcutaneous electrical nerve stimulation unit for some time. The notes from the provider, however, fail to make any reference

to the utility of the transcutaneous electrical nerve stimulation unit. The injured worker continues to receive the same treatments month after month. There is no reference made to benefit with the transcutaneous electrical nerve stimulation in terms of pain reduction or functional improvement. The injured worker's high pain level is noted to be attenuated by the medications, but no role is given to the transcutaneous electrical nerve stimulation unit. Given this, the retrospective review for transcutaneous electrical nerve stimulation unit electrodes x 2 is not medically necessary.