

Case Number:	CM14-0155770		
Date Assigned:	09/25/2014	Date of Injury:	08/17/1999
Decision Date:	10/27/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/23/2014

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 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:

Medical records reflect the claimant is a 52 year old male who sustained a work injury on 8-17-99. Office visit on 6-10-14 notes the claimant is using a TENS unit to help manage his pain, but he feels that it is no longer working well as it is getting quite old. It was felt the claimant would benefit from an H wave since his TENS until is in need of replacement. The claimant is not working. Office visit on 8-5-14 notes the claimant reports increased low back pain with activities. Medications help manage his pain. On exam, the claimant has decrease in range of motion. He is grossly neurologically intact. Diagnosis included lumbar spine pain, degenerative disc disease, and sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens, Replacement Electrodes 2.0" x 2.0" Sq cloth backing #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TEMS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - TENS

Decision rationale: Medical records reflect the claimant is a 52 year old male who sustained a work injury on 8-17-99. Office visit on 6-10-14 notes the claimant is using a TENS unit to help manage his pain, but he feels that it is no longer working well as it is getting quite old. It was felt the claimant would benefit from an H wave since his TENS until is in need of replacement. The claimant is not working. Office visit on 8-5-14 notes the claimant reports increased low back pain with activities. Medications help manage his pain. On exam, the claimant has decrease in range of motion. He is grossly neurologically intact. Diagnosis included lumbar spine pain, degenerative disc disease, and sciatica.