

Case Number:	CM14-0158507		
Date Assigned:	10/02/2014	Date of Injury:	09/08/2013
Decision Date:	10/29/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/26/2014

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 Geriatrics and is licensed to practice in New York. 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 47 year old man with a date of injury of 9/8/13. He was seen by his primary treating physician on 7/24/14 with complaints of low back pain with radiation to this lower extremities, left > right. He also had right thumb pain. He was taking tramadol but it did not provide adequate pain control His exam showed normal gain. He had decreased range of motion of his lumbar spine. He had tenderness to palpation in the lumbar paraspinal muscles with hypertonicity and decreased range of motion in his right thumb. He had tenderness to palpation in the right CMC hand joint with decreased sensation in the lower extremities, left > right. His diagnoses were lumbosacral / joint/limament sprain/strain, back contusion, lumbar radiculopathy, myofascial pain and right hand. At issue in this review is the request for TENS patch x 2 dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch x 2 dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

Decision rationale: A TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, the note does not document when the TENS was initiated and its efficacy. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for TENS patch x 2 dispensed is not documented.