

Case Number:	CM14-0159970		
Date Assigned:	10/03/2014	Date of Injury:	08/07/1996
Decision Date:	11/03/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehabilitation and is licensed to practice in Alabama. 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 patient is a 74 year old female who was injured on 08/07/1996. The mechanism of injury is unknown. Prior treatment history has included Norco, Symbicort, Albuterol Sulfate, Donepezil HCL, Celebrex and glaucoma eye drops, injections and TENS unit, which helped. Progress report dated 07/08/2014 documented the patient to have complaints of low back pain and right hip pain. The patient rated her pain as a 7/10 and it is made worse with activity. Objective findings on exam revealed tenderness to palpation of the cervical spine and lumbar spine. There were no significant findings on exam. The patient is diagnosed with low back pain and has been recommended for a TENS unit. There have been no changes since prior review. Prior utilization review dated 08/27/2014 states the request for TENS unit is denied as it does not appear medically appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrotherapy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, transcutaneous electrical nerve stimulation (TENS)

Decision rationale: The above MTUS guidelines regarding TENS states "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, for the conditions described below... neuropathic pain and complex regional pain syndrome (CRPS), phantom limb pain, spasticity and multiple sclerosis." In this case, note from 7/8/14 does not demonstrate any of the above diagnoses. In addition, note does not demonstrate that there is an evidence-based functional restoration program in place. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.