

Case Number:	CM14-0161120		
Date Assigned:	10/06/2014	Date of Injury:	07/03/2010
Decision Date:	11/20/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/01/2014

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 Illinois. 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 45 year old female with dates of injury on 11/3/2009 and 7/3/2010. Her diagnoses include chronic lumbosacral ligamentous sprain with radiculopathy; right shoulder sprain, osteoarthritis, impingement and possible internal derangement. She complains of constant back pain and constant right knee pain and has received a 3% whole-person impairment of the right shoulder. Exam is notable for tender lumbosacral spinous processes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Dual-TENS/EMS Unit and 2 months supplies of electrodes, batteries and lead wired to use with TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

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: This injured worker has chronic pain and has not had a documented one-month trial period of the transcutaneous electrical nerve stimulation unit with documentation of

how often the unit was used, as well as outcomes in terms of pain relief and function, therefore per MTUS & ODG a 2-month supply of transcutaneous electrical nerve stimulation and associated accessories is not medically necessary.