

Case Number:	CM14-0179102		
Date Assigned:	11/03/2014	Date of Injury:	10/22/2013
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/28/2014

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, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 51 year old female with date of injury 10/22/13. The treating physician initial report dated 9/17/14 indicates that the patient presents with pain affecting the lower back that is constant and moderate with radiating pain into the right leg. The physical examination findings reveal decreased lumbar ROM, lumbar tenderness, normal right knee ROM and positive McMurray's test. Prior treatment history reveals 12 chiropractic and 6 physical therapy sessions, medications and bilateral S/I joint injections. Lumbar MRI notes 2mm bulges at L4/5 and L5/S1. The current diagnoses are: 1. Lumbar sprain/strain 2. Sciatica. The utilization review report dated 10/8/14 denied the request for DME TENS unit because there was no rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the Use of TENS; and Electrical Muscle Stimulus

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) and NMES Page(s): 114-116, 121.

Decision rationale: The patient presents with chronic lower back pain and right leg pain that is constant and moderate. The current request is for DME TENS Unit. The treating physician states, "TENS-EMS." The MTUS Guidelines do support a trial of TENS with criteria met. The treater in this case has not specified if this request is for a 30 day trial or for purchase. MTUS does recommend a 30 day trial, but there is no way to tell exactly what this request is for. Moreover, the request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain per MTUS. Recommendation is for denial.