

Case Number:	CM14-0026944		
Date Assigned:	06/13/2014	Date of Injury:	05/29/2013
Decision Date:	08/12/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 injured worker is a 37-year-old female who reported an injury on 05/29/2013. The injured worker reportedly sustained a lumbar sprain while attempting to restrain an assailant. The current diagnoses include lumbar spine strain, lumbar radiculopathy, and herniated nucleus pulposus at L4-5 and L5-S1. The injured worker was evaluated on 02/26/2014 with complaints of chronic low back pain. It is noted that the injured worker has been treated with physical therapy, aquatic therapy, chiropractic treatment and a lumbar epidural steroid injection. Physical examination revealed a slow gait, tenderness to palpation, limited and painful range of motion of the lumbar spine, positive straight leg raising, decreased sensation in the left lower extremity and 2+ deep tendon reflexes. Treatment recommendations included authorization for 9 chiropractic therapy sessions. A Request for Authorization was then submitted on 02/28/2014 for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CONTINUE TENS UNIT 8-10 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. There should be documentation of a failure to respond to other appropriate pain modalities. As per the documentation submitted, the injured worker has been previously treated with physical therapy, aquatic therapy, an epidural steroid injection, and chiropractic treatment. However, there is no documentation of a successful 1 month trial prior to the request for an extension of treatment. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.