

Case Number:	CM14-0029442		
Date Assigned:	06/20/2014	Date of Injury:	10/30/2010
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/07/2014

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 Texas. 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 51-year-old female who reported an injury to her low back, shoulders, and wrists after a slip and fall on 10/30/10. A clinical note dated 10/09/13 indicated the injured worker being recommended for epidural steroid injection in the lumbar spine. A clinical note dated 07/23/13 indicated the injured worker complaining of decreased sensation in L3 through S1. Strength was 4/5 throughout the lower extremities. A clinical note dated 01/07/14 indicated the injured worker complaining of 8/10 pain in the neck and lower extremities. Facet tenderness was revealed in the cervical region. The injured worker demonstrated 4/5 strength at the quadriceps, extensor hallucis longus and flexor hallucis longus muscles. Sensation was decreased in L4 through S1. The injured worker failed conservative treatment addressing low back complaints. The injured worker was utilizing Norco, Neurontin, and Flexeril for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/ EMS UNIT QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTROTHERAPY Page(s): 113-6.

Decision rationale: According to the MTUS guidelines, transcutaneous electrical nerve stimulation (TENS) unit is indicated for patients who have completed all conservative treatment and had positive response with objective functional improvement following one month trial of TENS unit. The medical records indicate the injured worker having pain at several sites most common most notably at the neck and low back. No information was submitted regarding previous trial of a TENS unit. Without information regarding response or previous one month trial of TENS unit, this request is not indicated as medically necessary.