

Case Number:	CM14-0031084		
Date Assigned:	06/20/2014	Date of Injury:	08/19/2004
Decision Date:	07/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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 and is licensed to practice in Nevada. 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 54-year-old male injured on August 19, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 18, 2014, was handwritten and difficult to read. A note dated January 15, 2014, indicated that there were ongoing complaints of low back pain and right shoulder pain. The physical examination demonstrated multiple trigger points and spasms of the lumbar spine. There were decreased and painful lumbar spine range of motion and a positive straight leg raise test at 50 on the left and 60 on the right. There was decreased sensation at the bilateral, L5 and S1 nerve distributions. The treatment plan on this date included trigger point injections of the lumbar spine, refills of Oxycodone, Norco, Soma, Valium and Relpax. There was also a recommendation for the use of a transcutaneous electrical nerve stimulation (TENS) unit and chronic pain management. Diagnostic imaging studies objectified diffuse degenerative changes as well as small disc bulges at L4-L5 and L5-S1 without spinal or neuroforaminal stenosis. Previous treatment included steroid injections to the right shoulder. A request had been made for Oxycodone, Norco, Relpax, Soma, Valium, trigger point injections of the lumbar spine and the use of a TENS unit and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The request does not indicate if a transcutaneous electrical nerve stimulation (TENS) unit is requested for a one month home-based trial, rental or purchase. It is unclear from the medical records provided if a TENS unit has been previously used for a one month home-based trial. Furthermore, there is no mention of a previous trial or the efficacy achieved from this. Therefore, the request for a TENS unit is not medically necessary and appropriate.