

Case Number:	CM14-0033236		
Date Assigned:	06/20/2014	Date of Injury:	05/01/2013
Decision Date:	07/23/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology, has a subspecialty in Pain 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 55-year-old whose date of injury is May 1, 2013. The mechanism of injury is not described. Note dated September 11, 2013 indicates that the injured worker was referred for chiropractic treatment and associated physiotherapy. He had completed six visits. Diagnoses are lumbosacral sprain/strain, thoracic sprain/strain, and neck sprain/strain. Electrodiagnostic study dated October 23, 2013 revealed evidence consistent with bilateral lumbar radiculopathy at L5 and S1. Note dated December 30, 2013 indicates the injured worker completed twelve sessions of chiropractic treatment which was discontinued due to lack of improvement. The submitted records indicate that the injured worker utilized a TENS (transcutaneous electrical nerve stimulation unit for 15 minutes and tolerated it well.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

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

Decision rationale: The submitted records fail to provide objective measures of improvement secondary to use of TENS. The injured worker reports that his muscles feel more relaxed; however, it is noted that his pain level is unchanged. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided as required by Chronic Pain Medical Treatment Guidelines. The request for a TENS unit is not medically necessary or appropriate.