

Case Number:	CM14-0038002		
Date Assigned:	06/25/2014	Date of Injury:	11/19/2013
Decision Date:	08/15/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Medicine 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:

This injured worker's date of injury is 11/19/2013. This patient injured the lower back while attempting to move a box in an overhead location using a twisting motion. There were no red flags in the history or physical exam, such as, numbness, weakness, tingling, or saddle anesthesia. On exam there were no neurologic deficits and no severe paraspinal tenderness. Lumbar spine x-rays were negative. The patient's medications includes tramadol and an MRI was ordered. The clinical diagnosis is lumbosacral strain/sprain.

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) unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-116.

Decision rationale: The patient has low back pain of recent origin. The treatment guidelines require that the duration of pain must be 3 months or longer and that there is evidence that appropriate pain modalities have been tried and failed. In addition, TENS must not be the

primary treatment modality. In order to qualify for home-based trial, the diagnosis must be either neuropathic pain or CRPS II. Based on the documentation, TENS is not medically necessary in this case.