

Case Number:	CM14-0038448		
Date Assigned:	06/27/2014	Date of Injury:	10/18/2013
Decision Date:	08/18/2014	UR Denial Date:	03/10/2014
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 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 23-year-old female who was reportedly injured on October 18, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated November 15, 2013, indicated that there were ongoing complaints of neck pain, mid back pain, and low back pain. The physical examination demonstrated decreased range of motion of the thoracic and lumbar spine. There was tenderness along the lumbar spine paraspinal musculature. Physical therapy was recommended as well as Naproxen and Omeprazole. Diagnostic lower extremity nerve conduction studies were normal. Previous treatment included chiropractic therapy. A request had been made for the use of a transcutaneous electrical nerve stimulation unit with hot and cold traps and was not certified in the pre-authorization process on March 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME in home TENS Unit with Hot and Cold Wraps: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 114-115.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the use of a transcutaneous electrical nerve stimulation (TENS) unit is only indicated for neuropathic pain conditions. According to the medical record, the injured employee did not have any radicular complaints, nor were there any abnormal neurological findings on physical examination. For this reason, this request for the use of a TENS unit with hot and cold wraps is not medically necessary.