

Case Number:	CM14-0039420		
Date Assigned:	06/27/2014	Date of Injury:	04/17/2012
Decision Date:	08/18/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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 records, presented for review, indicate that this 57-year-old female was reportedly injured on April 17, 2012. The mechanism of injury was not noted in the records provided for review. The most recent progress note, dated March 21, 2014, indicated there were ongoing complaints of upper, mid and low back pains with radiation into the bilateral lower extremities. Pain was improved with Percocet and cyclobenzaprine. The physical examination demonstrated a hypertensive (155/82) individual with tenderness to palpation over the lower lumbar spine. There was also noted pain with motion in the cervical lumbar spine. Diagnostic imaging studies objectified facet joint disease at L4-L5, disc desiccation and a tiny disc protrusion. A disc lesion was noted at L5-S1, and there was no nerve root compression noted. An electrodiagnostic assessment was completed on March 1, 2014 and reported an abnormal study, indicating a radiculopathy involving the L5 nerve root. A psychological report was completed on April 5, 2014, noting improvement in the overall complaints associated with the case. Previous treatment included multiple medications, conservative care, physical therapy and psychiatric intervention. A request was made for Transcutaneous Electrical Nerve Stimulation (TENS) and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 113-116 of 127 Page(s): 113-116 OF 127.

Decision rationale: The MTUS recommends against using a Transcutaneous Electrical Nerve Stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit was being used as a primary treatment modality, and there was no documentation of a previous one-month trial. As such, the request for purchase of a TENS unit is considered not medically necessary.