MAXIMUS Federal Services

Case Number:	CM14-0044573		
Date Assigned:	07/02/2014	Date of Injury:	10/07/2013
Decision Date:	08/22/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 55-year-old male who was reportedly injured on 10/7/2013. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 3/18/2014 indicated that there were ongoing complaints of low back pain radiating into the left leg. The physical examination demonstrated lumbar spine positive tenderness to palpation in the bilateral paraspinals and decreased range of motion. Deep tendon reflexes, sensory, and muscle strength were all within normal limits. The diagnostic imaging studies, including magnetic resonance image from 10/24/2013, revealed L2-3 circumferential disc bulge, L3-4 circumferential disc bulge, moderate neural foraminal narrowing, severe central canal stenosis and bilateral facet hypertrophy, L4-5 certified disc bulge, moderate to severe bilateral neural foraminal narrowing, moderate central canal stenosis and bilateral facet joint hypertrophy. The previous treatment included chiropractic care, medication, and conservative treatment. A request was made for transcutaneous electrical nerve stimulation unit pads and was not certified in the pre-authorization process on 4/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit pads, Electrical Stimulation Unit Pads 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-6.

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 California MTUS recommends against using a 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 is being used as a primary treatment modality, and there is no documentation of a previous one-month trial. As such, the request for purchase of additional TENS unit pads is considered not medically necessary.