

Case Number:	CM14-0046999		
Date Assigned:	07/02/2014	Date of Injury:	11/13/2013
Decision Date:	08/28/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 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:

The injured worker is a 43-year-old female who reported an injury on 11/13/2013. The mechanism of injury was not stated. Current diagnoses include thoracic sprain, lumbar sprain, sciatica and lumbosacral intervertebral disc displacement. The injured worker was evaluated on 03/11/2014 with complaints of persistent lower back pain with limited range of motion. Physical examination revealed severe lower back pain with radiation into the right lower extremity. It is noted that the injured worker was unable to ambulate without the use of a cane and a lumbosacral brace. Treatment recommendations included a referral to a pain management specialist for an epidural steroid injection evaluation and a home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit for a 1 month trial: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be

considered as a noninvasive conservative option. There should be documentation of a failure to respond to other appropriate pain modalities, including medications. As per the documentation submitted, the injured worker's physical examination only revealed limited range of motion with lower back pain. There is no documentation of a failure to respond to other appropriate pain modalities. It is also noted that the injured worker was to discontinue therapy. There is no documentation of this injured worker's active participation in a program of evidence-based functional restoration to be used in conjunction with TENS therapy. Based on the clinical information received, the request is not medically necessary.