

Case Number:	CM14-0051414		
Date Assigned:	07/07/2014	Date of Injury:	06/22/2011
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/18/2014

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 32 year old individual was reportedly injured on 06/22/2011. The mechanism of injury is undisclosed. The most recent progress note dated 1/4/2014, indicates that there are ongoing complaints of low back pain that radiates down in the left lower extremity. The physical examination demonstrated lumbar spine: positive tenderness to palpation left greater than right with decreased sensation on the left leg, 4/5 muscle strength on the left, and straight leg raise positive on the left lower extremity. No recent diagnostic studies available for review. Previous treatment includes medication and conservative treatment. A request was made for Transcutaneous Electrical Nerve Stimulation (TENS) unit purchase and was not certified in the preauthorization process on 4/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request with date of service of 1/4/2014 for TENS Unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: The Medical Treatment Utilization Schedule (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 is being used as a primary treatment modality and there is no documentation of a previous one month trial. Furthermore, the MTUS notes that an appropriate trial should include documentation of how often the unit was used, the outcome in terms of pain relief and reduction, and there is no noted efficacy provided in the progress notes presented for review. As such, the request for purchase of a TENS unit is considered not medically necessary.