

Case Number:	CM14-0055280		
Date Assigned:	07/07/2014	Date of Injury:	05/19/1988
Decision Date:	09/05/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 63 year old female with a date of injury of 5/19/1988. The diagnosis is lumbar disc displacement without myelopathy. The subjective complaints are of low back pain with radiation to both legs with numbness and tingling. The physical exam shows lumbar tenderness and reduced range of motion. There was also a positive Faber test and positive Patrick's test. The medications include Nexium, Vicodin, and Lidoderm. The request is for a TENS unit with associated supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit with replacement batteries and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, see Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-122.

Decision rationale: The California MTUS guidelines for TENS use include chronic pain longer than 3 months, evidence that conservative methods and medications have failed, and a one month trial of TENS use with appropriate documentation of pain relief and function. For this patient,

there is no evidence of a prior trial of a TENS unit. Due to lack of documentation regarding previous trial, the medical necessity of a TENS unit for an undetermined duration is not established.