

Case Number:	CM14-0056343		
Date Assigned:	07/11/2014	Date of Injury:	11/14/1988
Decision Date:	09/08/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/25/2014

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 Pain Medicine and is licensed to practice in Texas. 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 47-year-old female who reported an injury to her low back, left hip and left knee. The clinical note dated 09/09/13 indicates the injured worker showing tenderness at the mid to distal lumbar segments as well as the anterolateral aspect of the left hip and the left knee joint lines. Upon exam, the injured worker was identified as having a positive McMurray's at the left knee. The note indicates the injured worker having returned to work at light duty. The clinical note dated 09/25/13 indicates the initial injury occurred because of a motor vehicle accident. Upon exam range of motion, limitations are identified throughout the lumbar region. The injured worker was able to demonstrate 5/5 strength throughout the lower extremities. The electrodiagnostic studies completed on 07/16/13 revealed no radiculopathy or neuropathy in the lumbar region. A magnetic resonance image of the lumbar spine dated 07/15/13 revealed a 2 mm central protrusion with a partial annular tear at L4-5. Mild facet hypertrophy was identified without canal or foraminal stenosis at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS Unit (Cypress Care): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-121.

Decision rationale: The request for a transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary. The documentation indicates the injured worker complaining of pain at several sites most notably the low back. A TENS unit is indicated for injured workers who have previously completed a one month trial of a TENS unit resulting in objective functional improvement as well as a reduction in pain medications. No information was submitted regarding the injured worker's previous completion of a full one month course of a trial of a TENS unit therefore, this request is not medically necessary.