

Case Number:	CM14-0066000		
Date Assigned:	07/11/2014	Date of Injury:	11/26/2013
Decision Date:	08/29/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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 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 28-year old male who reported an injury to his low back as a result of attempting to pry apart two blocks of frozen meat on 11/26/13. The utilization review dated 05/01/14 resulted in denial for use of transcutaneous electrical nerve stimulation (TENS) unit as insufficient information had been submitted regarding more conservative treatment addressing functional deficits in the low back. The injured worker underwent chiropractic therapy in the past. A clinical note dated 07/11/14 indicated the injured worker being recommended for chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental for 1month of a Neurostimulator Transcutaneous electrical nerve stimulation (TENS)/Electronic Muscle Stimulator (EMS) unit and supplies for the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

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

Decision rationale: The request for Rental for 1month of Neurostimulator Transcutaneous electrical nerve stimulation (TENS)/Electronic Muscle Stimulator (EMS) unit and supplies for the lumbar spine is non-certified. The injured worker complained of ongoing low back pain. A TENS unit is indicated upon completion of all conservative treatment with the injured worker has been identified as having ongoing low back pain with functional deficits. No information was submitted regarding completion of any conservative treatment outside of three chiropractic manipulation sessions. Given this, the request for Rental for 1month of Neurostimulator Transcutaneous electrical nerve stimulation (TENS)/Electronic Muscle Stimulator (EMS) unit and supplies for the lumbar spine is not indicated as medically necessary.