

Case Number:	CM14-0069447		
Date Assigned:	07/28/2014	Date of Injury:	03/26/2007
Decision Date:	10/14/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/14/2014

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 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 54-year-old male was reportedly injured on March 6, 2007. The most recent progress note, dated March 19, 2014, indicated that there were ongoing complaints of low back pain with radicular symptomology. The physical examination revealed tenderness to palpation, a decrease in range of motion, and changes consistent with a radiculopathy in the L4/L5 & L5/S1 dermatomes. A mildly positive straight leg raise was reported. Diagnostic imaging studies were not reported. Previous treatment included multiple medications, physical therapy and other pain management interventions. A request had been made for TENS devices and was not certified in the pre-authorization process on May 9 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Four Lead: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121 of 127.

Decision rationale: MTUS treatment guidelines recommends against using a TENS unit as a primary treatment modality. Based on the clinical documentation provided, there is no

objectification of any significant improvement with this device. Therefore, the efficacy or functionally cannot be established. Furthermore, there is no narrative measuring the outcomes in terms of pain relief/reduction and improvement in function. As such, this request is not considered medically necessary.