

Case Number:	CM14-0089820		
Date Assigned:	07/25/2014	Date of Injury:	10/15/2012
Decision Date:	09/29/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	06/16/2014

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 injured worker is a 51-year-old male who was reportedly injured on October 15, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 31, 2014, indicated that there were ongoing complaints of cervical, thoracic and lumbar spine pain. The physical examination demonstrated pain with motion in the cervical and lumbar spine. Paraspinal muscle spasm was also reported. Diagnostic imaging studies were not offered. Previous treatment included multiple medications, chiropractic care and pain management interventions. A request was made for transcutaneous electrical nerve stimulation unit and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 - 116 of 127..

Decision rationale: When considering the date of injury, the mechanism of injury, the injury sustained, the numerous interventions completed and there has not been any significant

improvement with modalities, there is no clinical indication that additional modality of the transcutaneous electrical nerve stimulation unit would be successful. Furthermore, based on the limited physical examination reported, there is no clear clinical indication for this device. As such, based on the medical necessity and taking new the parameters noted in the California Medical Treatment Utilization Schedule, there is insufficient clinical data to establish the medical necessity for this item. As such, the request for a TENS Unit is not medically necessary and appropriate.