MAXIMUS Federal Services

Case Number:	CM14-0098912		
Date Assigned:	07/28/2014	Date of Injury:	01/25/2009
Decision Date:	09/09/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 50-year-old individual was reportedly injured on January 25, 2009. The mechanism of injury was noted as heavy lifting. A progress note, dated January 6, 2014, indicated that there were ongoing complaints of lumbar spine pain. The physical examination demonstrated limited range of motion, tenderness to palpation of the left lumbar paraspinal musculature, a positive straight leg raise on the left, and an intact distal sensation. A progress note, dated February 13, 2014, indicated ongoing complaints of the low back. The records indicate the patient was provided Banalg lotion, an Ace wrap, Motrin 400 mg, and Tylenol 500 mg. The claimant was referred to physical therapy and completed 6 sessions consisting of exercise, E-stim, and massage. An attempt to return the patient to modified duty on several occasions was unsuccessful. An MRI of the lumbar spine was recommended. A request had been made for a supply of interferential electrodes, batteries, and leads (quantity 2) and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supply of interferential electrodes, batteries, & leads (Months) Quantity: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: Treatment guidelines support the use of a TENS unit in certain clinical settings of chronic pain, as a one-month trial when used as an adjunct to a program of evidence-based functional restoration for certain conditions, and for acute postoperative pain in the first 30 days following surgery. Based on the evidence-based trials, there is no support for the use of a TENS unit as a primary treatment modality. The record provides no documentation of an ongoing program of evidence-based functional restoration. In the absence of such documentation, this request does not meet guideline criteria for the use of a TENS unit; therefore, TENS unit supplies are not medically necessary.