

Case Number:	CM14-0142686		
Date Assigned:	09/10/2014	Date of Injury:	01/24/2011
Decision Date:	03/23/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who reported an injury on 01/24/2011 due to an unspecified mechanism of injury. On 06/27/2014, she presented for a followup evaluation regarding her low back pain. It was noted that she had undergone a medial branch block and reported 50% relief from the procedure and wanted to move forward with a radiofrequency ablation. She rated her pain at a 2/5 and noted it to be throbbing. Her medications included Norco. A physical examination showed positive for pain and spasm. She was diagnosed with muscle spasms, lumbalgia, and lumbosacral spondylosis. She had decreased range of motion in all planes and tenderness to palpation of the lumbar paraspinous area and decreased range of motion with extension. Prior treatments have included heat, ice packs, opioids, muscle relaxants, and physical therapy and exercise. The treatment plan was for a TENS unit. The rationale for the treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 115-117.

Decision rationale: The request for DME TENS unit is not supported. The California MTUS Guidelines recommend that a home based TENS unit trial be carried out for at least 30 days as an adjunct to ongoing treatment modalities with a functional restoration approach prior to purchasing the TENS unit and only after there is documented failure of conservative care. Based on the clinical documentation submitted for review, the injured worker was noted to have failed conservative treatment and continued to have low back pain. However, there is a lack of documentation showing that the injured worker was actively participating in an adjunct treatment modality to use in conjunction with the TENS unit and support the request. In addition, further clarification is needed whether the requested TENS unit is being requested as a rental or purchase. Furthermore, there is no documentation that the injured worker has undergone a 30 day trial. Therefore, the request is not medically necessary.