

Case Number:	CM14-0182775		
Date Assigned:	11/07/2014	Date of Injury:	12/19/2013
Decision Date:	01/26/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/03/2014

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 Rehab and is licensed to practice in California. 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 claimant is a 48-year-old female who was injured on 12/19/2013 while lifting a male patient at work. She experienced immediate neck, mid and low back pain that radiated to her legs. The 7/21/14 attending physician report indicates she has persistent neck and lower back pain with right leg numbness. Chiropractic treatments have provided some relief. Physical exam findings included cervical and lumbar paravertebral tenderness. Moderate limitation was noted with lumbar range of motion. Records indicate the patient has been released from active care. The current diagnoses are: 1. Lumbar radiculitis 2. Cervical facet syndrome 3. Thoracic myalgia The utilization review report dated 10/28/14 denied the request for TENS (or equivalent) for lumbar spine and supplies for 1 year based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (or equivalent) for lumbar spine and supplies for 1 year: 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, Chronic pain Page(s): 114-116.

Decision rationale: The claimant has persistent neck and low back pain along with numbness in the right leg. The current request is for TENS (or equivalent) for lumbar spine and supplies for 1 year. After an extensive review of the records, I am unable to find any rationale from the attending physician as for the request of a TENS unit, or why he feels this treatment would be effective when other treatments have failed. The MTUS states that TENS units are not recommended as a primary treatment modality, but a one month treatment trial may be considered if used as an adjunct to an evidence based functional restoration approach. There are no records provided to indicate that a one month trial of TENS usage has been performed as recommended by the MTUS guidelines. The recommendation is for denial.