

Case Number:	CM14-0196363		
Date Assigned:	12/11/2014	Date of Injury:	07/07/2009
Decision Date:	01/23/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational Medicine, 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:

This is a 38-year-old female with a 7/7/09 date of injury. The patient underwent a lumbar surgery. The patient was seen on 10/7/14 with complaints of pain in the lower back with numbness and weakness. Exam findings revealed limited range of motion of the lumbar spine, tenderness of the lumbar paraspinals, positive SLR test bilaterally and intact sensation. The note stated that the patient was treated with ESIs, Tens unit, transdermal patches and Oxycodone. The remaining of the notes was handwritten and somewhat illegible. The diagnosis is status post lumbar surgery and lumbar sprain. Treatment to date: lumbar surgery, work restrictions, ESIs, TENS unit, transdermal patches, and medications. An adverse determination was received on 10/27/14 for a lack of documentation of a one-month trial period.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (purchase) and TENS unit electrodes (18 pairs -- 3 month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. However, there is a lack of documentation regarding this patient's treatment history including the use of a TENS unit and subjective and objective functional gains from prior use. Therefore, the request for TENS unit (purchase) and TENS unit electrodes (18 pairs -- 3 month supply) was not medically necessary.