MAXIMUS Federal Services

Case Number:	CM15-0020656		
Date Assigned:	02/10/2015	Date of Injury:	07/06/2014
Decision Date:	03/25/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 36 year old male who sustained a work related injury July 6, 2014. While pushing carts, he slipped and twisted his lower back causing pain and swelling in his right calf and also left thumb pain. He was treated with pain medication. According to a primary treating physician's progress report dated December 11, 2014, the injured worker presented with continued complaints of intermittent low back pain. He has received acupuncture therapy with significant relief and a TENS unit in physical therapy with relief of pain for two to three hours at a time. An MRI dated August 8, 2014 (report not present in the medical record), revealed moderate L4-L5 spinal canal and mild bilateral neural foraminal stenosis caused by a 12 x 6mm left sided anterior L4-L5 facet joint cyst within the spinal canal, a 4mm broad-based posterior and bilateral intraforaminal disc protrusion, and bilateral L4-L5 facet joint and ligamentum flavum hypertrophy; mild spondylosis L2-L5. Diagnoses are documented as right calf strain, lumbar strain; left thumb strain and anxiety. Treatment recommendations included requests for a TENS Unit and additional sessions of acupuncture. According to utilization review dated January 29, 2015, the request for TENS Unit, purchase is non-certified, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS four lead unit: Upheld

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

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

Decision rationale: The request is not medically necessary. The patient has been using a TENS unit with pain relief for 2-3 hours. However, objective documentation of functional improvement was not included in the chart. The patient was also recommended a 4 lead TENS unit. According to MTUS guidelines, it is customary to use a 2 lead unit. If a 4 lead unit is necessary, there must be documentation of rationale. This was not included in the chart. Therefore, the request is considered not medically necessary.