

Case Number:	CM15-0083210		
Date Assigned:	05/05/2015	Date of Injury:	09/25/2014
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 24 year old female, who sustained an industrial injury on September 25, 2014. The injured worker was diagnosed as having lumbar strain/sprain. Treatment and diagnostic studies to date have included cervical and bilateral shoulder strain and lumbar sprain. A progress note dated December 10, 2014 provides the injured worker complains of neck, shoulder and back pain described as mild. Physical exam notes cervical and bilateral shoulder tenderness and normal gait. There is a request for Transcutaneous Electrical Nerve Stimulation (TENS) unit trial and lumbar support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS Trial x 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117 of 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The patient is a 24 year old female with an injury on 09/25/2014. She had a lumbar strain/sprain. On 12/10/2014 she had a normal gait. The requested TENS unit for low back complaints is specifically listed as a treatment that is not recommended in the MTUS guidelines. It is not medically necessary for this patient.

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The patient is a 24 year old female with an injury on 09/25/2014. She had a lumbar strain/sprain. On 12/10/2014 she had a normal gait. The requested lumbar support unit is not a MTUS recommended treatment for low back pain. This is specifically listed in MTUS, ACOEM, Chapter 12 Low Back Complaints page 300. It is not medically necessary for this patient.