

Case Number:	CM14-0111269		
Date Assigned:	08/01/2014	Date of Injury:	10/11/2003
Decision Date:	11/18/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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 and Rehabilitation and is licensed to practice in Nevada 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 records presented for review indicate that this 51 year-old individual was reportedly injured on 10/11/2003. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 3/20/2014, indicates that there are ongoing complaints of low back pain that radiates into the lower extremity. The physical examination demonstrated lumbar spine with positive tenderness to palpation of the paraspinal muscles. No recent diagnostic studies are available for review. Previous treatment includes previous lumbar fusion, medication, tens unit, and conservative therapy. A request had been made for tens unit electrode patches X 2 and was not certified in the pre-authorization process on 7/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Electrode Patches - Two (2) pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 06/10/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 113-116.

Decision rationale: The MTUS recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality. Furthermore, the MTUS notes that an appropriate trial should include documentation of how often the unit was used, the outcomes in terms of pain relief and reduction, and there is no noted efficacy provided in the progress of presented for review. The CAMTUS guidelines do not support the use of a TENS unit; therefore, there is no need for the requested supplies and the request is considered not medically necessary.