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| Case Number: | CM14-0124377 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 02/18/2010 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 07/28/2014 |
| Priority: | Standard | Application Received: | 08/06/2014 |

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 Family 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:

The injured worker is a 31 year old male whose date of injury is 02/18/2010. The mechanism of injury is not described. Diagnoses are lumbar facet arthropathy, iatrogenic opioid dependency, and severe pain. He is noted to be status post lumbar fusion. Treatment to date includes L4-5 decompression on 10/29/10, L4-5 discectomy on 06/17/11 and medication management. Pain medicine re-evaluation dated 07/21/14 indicates that the injured worker complains of low back pain radiating to the bilateral lower extremities. The injured worker reports pain relief from a TENS unit of 50% for approximately one hour. On physical examination there is tenderness to palpation to the paravertebral musculature L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit purchase (Cypress Care) between 7/22/2014 and 10/22/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulator).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for 1 TENS unit purchase (Cypress Care) between 07/22/2014 and 10/22/2014 is not recommended as medically

necessary. The injured worker has been utilizing a TENS unit and reports approximately 50% relief for one hour. There is no indication that the unit is being used as an adjunct to ongoing treatment modalities within a functional restoration approach as required by CA MTUS guidelines. Additionally, there are no specific, time-limited treatment goals provided in accordance with CA MTUS guidelines.