

Case Number:	CM14-0128281		
Date Assigned:	09/16/2014	Date of Injury:	05/11/2003
Decision Date:	10/16/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/13/2014

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, has a subspecialty in Pain 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 69 year-old female with a date of injury of 5/11/2003. The patient's industrially related diagnosis include L2-S1 fusion, radiculopathy, adjacent level disc disease, left paramedian incisional hernia status post hernia repair, chronic pain, and neck pain. The patient has received treatments such as TENS, lumbar epidural steroid injection, trigger point injections, and lumbar fusion. The patient was noted to be taking Ultram, Neurontin, Temazepam, Lidoderm 5%, and Robaxin with very good response. The disputed issue is 1-month supply of Transcutaneous Electrical Nerve Stimulation Pads. A utilization review determination on 8/8/2014 had noncertified this request due to number of TENS pads requested is not specified

IMR ISSUES, DECISIONS AND RATIONALES

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

One Month Supply of Transcutaneous Electrical Nerve Stimulation Pads: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

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

Decision rationale: The injured worker is a 69 year-old female with a date of injury of 5/11/2003. The patient's industrially related diagnosis include L2-S1 fusion, radiculopathy, adjacent level disc disease, left paramedian incisional hernia status post hernia repair, chronic pain, and neck pain. The patient has received treatments such as TENS, lumbar epidural steroid injection, trigger point injections, and lumbar fusion. The patient was noted to be taking Ultram, Neurontin, Temazepam, Lidoderm 5%, and Robaxin with very good response. The disputed issue is 1 Month Supply of Transcutaneous Electrical Nerve Stimulation Pads. A utilization review determination on 8/8/2014 had deemed the request as not medically necessary.