

Case Number:	CM14-0134368		
Date Assigned:	09/05/2014	Date of Injury:	06/20/1989
Decision Date:	10/14/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/20/2014

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 Anesthesiology, 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 68 year old male whose date of injury is 06/20/1989. The mechanism of injury is not described. Prescription dated 06/22/13 indicates that the injured worker was prescribed dura stick electrodes for use with a TENS unit. Progress report dated 07/17/14 indicates that the injured worker continues to experience low back pain. He has been recommended to utilize a TENS unit. Diagnoses are lumbago with left leg pain, and right sided sacroiliitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for unknown dura stick electrodes between 6/22/13 and 6/22/13:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

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 retrospective request for unknown dura stick electrodes between 06/22/13 and 06/22/13 is not medically necessary. There are no clinical records submitted for review prior to the date of service in question. There is no

comprehensive assessment of treatment completed prior to this date or the patient's response thereto submitted for review. The injured worker's objective functional response to TENS unit is not documented to establish efficacy of treatment and support dura stick electrodes. There is no detailed physical examination from that time submitted for review and no specific time-limited treatment goals are provided in accordance with CA MTUS guidelines.