

Case Number:	CM14-0138378		
Date Assigned:	09/05/2014	Date of Injury:	06/15/2009
Decision Date:	10/06/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational 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:

Patient is a 40 year-old female with date of injury 06/15/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/18/2014, lists subjective complaints as mid and low back pain. Objective findings: Straight leg raising caused back pain but no pain radiating down the legs. There was tenderness over the thoracic paraspinal muscles. Strength was 5/5 for both lower extremities and light touch was intact throughout. Diagnosis: 1. Thoracic pain 2. Low back pain 3. Thoracic disc bulge at T11-12 4. Thoracic disc disease 5. Lumbar disc disease 6. Chronic pain syndrome. It was noted that the patient had been using a TENS unit with benefit, but has not been doing any exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit supplies (additional electrodes): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: The patient is already in possession of a TENS unit. Although the patient is currently not performing her exercise program as an adjunct to ongoing treatment modalities

within a functional restoration approach, she has met other criteria listed on page 68 of the MTUS for continued use of a TENS unit. Therefore this request is medically necessary.