

Case Number:	CM14-0149909		
Date Assigned:	09/18/2014	Date of Injury:	11/23/2013
Decision Date:	10/29/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/15/2014

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 Emergency 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 with reported date of injury on 11/23/2013. Mechanism of injury is described as being struck in the back and L ankle by a heavy object. Patient has a diagnosis of lumbar spine discopathy, mechanical low back pain and L ankle Achilles sprain. Medical reports reviewed. Last report available until 6/10/14. Patient complains of low back pain. Objective exam reveals normal heel-toe gait, diffuse lumbar spine tenderness from L2-S1. Tenderness to bilateral sacroiliac joints. No radicular findings. L ankle exam revealed tenderness to anterior talofibular ligament and L achilles but was normal. Pain with inversion. Note from 5/21/14 was noted to be request for a trial of TENS unit. MRI of lumbar spine (2/28/14) revealed minimal 1mm L3-4 disc bulge. MRI of L ankle (2/28/14) revealed sprain of anterior talofibular ligament. No medication list was provided for review. Notes mention use of Tramadol and topical medications. Physical therapy reportedly helping pain and function. Independent Medical Review is for Multi-Stim home TENS unit plus supplies (retro). Prior UR on 8/14/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Multi-Stim Home Tens Unit plus Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-9.

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

Decision rationale: A review of the records shows note from chiropractor that there was a 1-month trial of TENS. A multi-stim device may have multiple functions therefore this IMR is specific for TENS function only. As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. The patient does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome(CRPS) pain. Patient has neither diagnosis. There is no documentation of current medications. There is no documentation of short or long term goal of TENS unit. Patient fails multiple criteria for TENS trial. Therefore, the retro request for Multi-Stim Home Tens Unit plus supplies is not medically necessary and appropriate.