

Case Number:	CM14-0163323		
Date Assigned:	10/08/2014	Date of Injury:	01/13/2014
Decision Date:	11/07/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/03/2014

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 49 year-old female with date of injury 01/13/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/08/2014, lists subjective complaints as pain in the low back with radicular symptoms down the right lower extremity. X-ray and MRI of the lumbar spine were notable for mild degenerative disc disease. Objective findings: Examination of the lumbar spine revealed paraspinal spasm on the right side. Trigger points were detected at the right sciatic notch, right iliac crest, and lumbar paraspinals. Range of motion was reduced by 25%. Sensory exam, motor exam, and reflexes were normal. Diagnosis: Lumbosacral strain, right leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase GSMHD Combo TENS Unit with HAN , 8 pairs electrodes per month and batteries 6 units per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

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

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. Purchase GSMHD Combo TENS Unit with HAN, 8 pairs electrodes per month and batteries 6 units per month is not medically necessary.