

Case Number:	CM14-0180702		
Date Assigned:	11/05/2014	Date of Injury:	09/14/1999
Decision Date:	12/09/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/30/2014

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 56 year-old male with an original date of injury on 9/14/1999. The mechanism of injury occurred when patient lifted a client from the ground to the plane and felt a pain in his lower back and leg. The industrially related diagnoses are lower back pain and leg pain. An MRI dated on 6/20/2012 noted disc desiccation with 2 mm central disc protrusion at L3-4, decreased height, disc desiccation with degeneration, 3mm central and slightly right sided disc protrusion at L4-5, with additional disc changes at L5-S1. The patient was taking oral medication and wearing back supportive device without significant improvement. The patient has been using an old TENS unit but stated it was worn out and not functioning appropriately. The disputed issue is the request for another TENS unit. A utilization review dated 10/11/2014 has non-certified this request. The stated rationale for denial was based on the documentation provided, there is limited data on the patient's use of the TENS unit. There's also a lack of evidence based on symptoms, exam findings, or a care plan that would warrant continued use of TENS unit. Therefore, this request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of a TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: The guidelines suggest typically a month long trial of TENS unit is recommended. However, based on the submitted documents, the patient has tried TENS unit in the past for an unspecified amount of time. There's no information regarding whether the TENS unit resulted in reduction of pain scale, or improvement in baseline function. There is also a lack of documentation on other modality, such as medications, that has been tried and failed prior to starting the TENS unit. Therefore, this request is not medically necessary.