MAXIMUS Federal Services

Case Number:	CM14-0095842		
Date Assigned:	07/25/2014	Date of Injury:	01/04/2013
Decision Date:	10/06/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family 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 51 year old female whose date of injury is 01/04/2013. The injured worker reports that she went to turn a basket by the handle when it started to fall and she heard a pop in her back. Follow up note dated 07/31/14 indicates that the injured worker complains of low back pain rated as 8/10. On physical examination there is tenderness of the lumbar spine. Lumbar range of motion is flexion 60% of normal, extension 50%, bilateral lateral tilt 50%, and bilateral rotation 40%. Diagnoses are facet osteoarthropathy L3-S1; rule out facet mediated low back pain; and neural encroachment left L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 request for TENS unit and supplies is not recommended as medically necessary. The submitted records fail to document the injured worker's objective functional response to TENS to establish efficacy of treatment as

required by CA MTUS guidelines. Additionally, there are no specific, time-limited treatment goals provided in accordance with CA MTUS guidelines. Therefore, this request is not medically necessary.