

Case Number:	CM15-0011184		
Date Assigned:	01/29/2015	Date of Injury:	05/19/2004
Decision Date:	03/27/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old male who reported an injury on 05/19/2004 due to an unspecified mechanism of injury. On 01/16/2015, he presented for a followup evaluation regarding his neck and low back. It was noted that he had a back brace, neck pillow, and TENS unit. He stated that he was able to do chores around his house, but had some sharp pain recently along the neck with sudden rotation. A physical examination showed lumbar flexion at 30 degrees and extension at 45 degrees with tilt at 15 degrees to the right and 15 degrees to the left. There was increased numbness along the C6 dermatome distribution on the right and 5/5 strength with resisted "suspuration" at the wrist and extension. He was diagnosed with discogenic lumbar condition and discogenic cervical condition. The treatment plan was for an IF unit with conductive garment (TENS). The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit with Conductive Garment (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that there should be documentation of a clear rationale for the medical necessity of a form fitting TENS unit. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar and cervical spine. However, it was stated in the documentation that the injured worker was already using a TENS unit. There is a lack of documentation stating a clear rationale for the medical necessity of an additional IF TENS unit with conductive garment. Also, further clarification is needed regarding whether the IF unit with conductive garment is being requested as a purchase or rental. Therefore, the request is not supported. As such, the request is not medically necessary.