

Case Number:	CM14-0148453		
Date Assigned:	09/18/2014	Date of Injury:	04/12/2011
Decision Date:	10/20/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/12/2014

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 and is licensed to practice in Alabama. 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 61-year-old female who was injured on 04/12/2011 after lifting a bag. Prior treatment history has included Tylenol which partially helped; and home exercise program. Progress report dated 08/07/2014 states the patient complained of pain in her low back radiating into the left hip. She reported numbness and tingling in her hands as well. She also complained of weakness in both legs. The pain becomes aggravated with activity. On exam, she has very limited flexion and extension. She has been diagnosed with lumbar sprain/strain. She was recommended for trial TENS unit. Prior utilization review dated 08/11/2014 states the request for TENS (Transcutaneous Electrical Nerve Stimulation)/ EMS unit, one month trial with supplies is denied as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation)/ EMS unit, one month trial with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation), Chronic Pain:.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, TENS (Transcutaneous electrical nerve stimulation)

Decision rationale: The above Official Disability Guidelines (ODG) for TENS states "Not recommended 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, for the conditions described below" and lists conditions as follows: CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. In this case, the diagnosis listed on progress note from 7/8/14 states "Please see attached page" and request for Authorization for Medical Treatment with Date of Request on 7/17/14 for TENS states the diagnosis is "spasm of muscle" and "sprains and strains of lumbar." There is no documentation of above listed diagnoses. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request for a TENS (Transcutaneous Electrical Nerve Stimulation)/ EMS unit, one month trial with supplies is not medically necessary and appropriate.