

Case Number:	CM13-0032369		
Date Assigned:	12/11/2013	Date of Injury:	09/03/2011
Decision Date:	01/29/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 patient is a 50-year-old gentleman who was injured in a work related accident on 09/03/11 sustaining injury to the lumbar spine. Specific to the lumbar spine, a 08/12/13 assessment indicated ongoing complaints of low back pain. It states at that time that he was doing better with current use of medications that includes Omeprazole and Neurontin. Physical examination findings showed 4/5 motor strength to the hip flexors, knee flexors, and ankle dorsi and plantar flexion bilaterally with normal reflexes to the lower extremities. The claimant was diagnosed with chronic pain, low back pain, radiculopathy, and lumbar disc disorder status post L4-5 discectomy. A request for physical therapy and a TENS unit was recommended at that time. Further records for review support an operative report of 11/20/12 indicating the claimant underwent bilateral L4-5 discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 30 day trial for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California MTUS Guidelines, the role of a TENS device in this case would not be indicated. At last clinical assessment, the claimant was noted to be functionally doing well with use of medications. Guideline criteria in regard to TENS devices indicate that they can be utilized in the chronic intractable pain setting if there is evidence of other appropriate pain modalities have been utilized and failed including medications. The treating physician indicates significant improvement with recent use of medications. At this stage in the claimant's clinical course of care a TENS device would not be indicated or deemed medically necessary based on the clinical records for review.