

Case Number:	CM13-0045630		
Date Assigned:	12/27/2013	Date of Injury:	10/17/2011
Decision Date:	04/23/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopaedic 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 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:

Patient is a 27 year old male with an industrial injury on 10/17/11. An MRI from October 2012 demonstrated degenerative changes at L3-S1, moderate bilateral neural foraminal narrowing at L5-S1, and mild congenital spinal canal narrowing at L3-S1. The patient received an epidural and nerve block at L5-S1 that did not provide significant relief. Exam notes from 9/5/13 demonstrate patient has chronic low back pain and mild facet arthritis. The patient is on Norco three times a day. Conservative treatment includes medications, steroid injections, and acupuncture. Request is for durable medical equipment TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

Decision rationale: The CA MTUS Chronic Pain Guidelines do not recommend TENS unit as a primary treatment modality, but a one-month home based TENS trial may be considered for neuropathic pain, phantom limb pain, or CRPS. In this case there is no evidence in the submitted

records of claimant having neuropathic pain, phantom limb pain or CRPS. Therefore the determination is for non-certification as not medically necessary and appropriate.