

Case Number:	CM13-0046279		
Date Assigned:	12/27/2013	Date of Injury:	10/25/2007
Decision Date:	05/19/2014	UR Denial Date:	10/28/2013
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 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 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:

This is a 51-year-old gentleman who sustained an injury to his low back in a work related accident that occurred on 10/25/07. A clinical record from 08/25/13 documents a diagnosis of a herniated disc at the right L4/5 level with nerve root impingement which is reported to be on the basis of a prior MRI from 2007. The physical examination showed restricted strength at 3 out of 5 to the quadriceps, anterior tibialis, EHL, and peroneal on the right compared to the left. There is diminished sensation in an L5/S1 right sided dermatomal distribution with restricted lumbar range of motion. The claimant was noted to be with continued low back and right greater than left lower extremity complaints. Treatment recommendations were for a course of physical therapy, medication management, and repeat lumbar MRI scan to further assess for disc herniations. Electrodiagnostic studies were also ordered on that date. At present there is a request for continuation of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT MEDS 4 STIM 30-45 MINS TWO TIMES A DAY:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The clinical information does not support evidence of benefit or improvement of overall symptoms with use of the TENS unit. Additional imaging in the form of an MRI was recommended due to increased weakness and there are continued symptoms. Lacking documentation of significant improvement with use of the TENS unit to date fails to support a medical necessity for continued use of the device at this stage in the patient's chronic course of care.