

Case Number:	CM13-0052777		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2013
Decision Date:	06/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine 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:

The applicant is a [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of August 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and MRI imaging of the lumbar spine of August 22, 2013, notable for a large 12-mm disk herniation at L4-L5. In an October 15, 2013 progress note, the applicant was described as having ongoing low back pain with numbness about the legs. The applicant was limping. The applicant was on Norco for pain relief. Electrodiagnostic testing, epidural steroid injection therapy, a TENS unit, Nucynta, and Soma were endorsed while the applicant is placed off of work, on total temporary disability.

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 ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, physical modality such as a TENS unit have not proven efficacy in treating acute low back pain symptoms. While TENS units may have some value in the short term if used in conjunction with a program of functional restoration, in this case, however, the attending provider did not clearly state how he intended for the applicant to use the TENS unit. The applicant was off of work, implying that he was not intent on using the TENS unit in conjunction with a program of functional restoration. It is further noted that there was no evidence of successful trial of a TENS unit before the request for purchase of the device was made. Finally, it is noted that the overall ACOEM recommendation on TENS units in Chapter 12, Table 12-8 is "not recommended." Accordingly, the request is not certified, for all of the stated reasons.