

Case Number:	CM13-0058691		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2012
Decision Date:	05/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 60-year-old male who sustained an unspecified injury on September 20, 2012. The injured worker was evaluated on January 21, 2014 for complaints of low back pain radiating to the right front thigh and right knee. The injured worker's diagnoses included lumbar radiculopathy, lumbar degenerative disc disease, lumbar spondylosis, and lumbar sprain. The treatment plan indicated the injured worker was to continue his medications and a request for acupuncture treatment, request for physical therapy, request for lumbar epidural steroid injection, and request for a home TENS unit was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTY DAY TRIAL OF A TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Nerve Stimulation Page(s): 114.

Decision rationale: The documentation submitted for review indicated that the injured worker's diagnoses included lumbar radiculopathy, lumbar degenerative disc disease, lumbar spondylosis, and lumbar strain. The California MTUS Guidelines recommend the use of TENS units for

patients with chronic intractable pain secondary to neuropathic pain. The documentation submitted for review did not indicate the injured worker had chronic intractable pain. The Guidelines additionally state TENS units are recommended when there is evidence that other appropriate pain modalities have been tried and failed. The documentation submitted for review did not indicate the injured worker tried and failed other modalities. The treatment plan indicated the injured worker was recommended for acupuncture and physical therapy, which had not been completed. Therefore, the request for TENS unit is premature. Given the information submitted for review, the request for 30-day trial of a TENS unit is non-certified.