

<b>Case Number:</b>	CM14-0109619		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/18/2005
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care 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 61-year-old male who was reportedly injured on 05/18/2005. The mechanism of injury is a slip and fall. Prior treatments included medial branch block (undated) with a positive result and transcutaneous electrical nerve stimulation. Magnetic resonance image dated 01/10/2014 documented scattered degenerative disc disease with bulging discs and annular tears, overall worsened since 2008. New disc extrusion at L1-2 is present. No new high-grade spinal canal stenosis has developed. Mild multilevel joint facet arthropathy. Chronic T12 compression fracture. Last progress report dated 05/22/2014 noted the injured worker complaining of increased aching with spasm back pain. Facet arthropathy at L2-L2 and L2-3. A request was made for Four lead TENS (Transcutaneous Electrical Nerve Stimulation) unit supplies, monthly, Bilateral lumbar RFA (Radiofrequency Ablation) and was not certified 06/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four lead TENS (Transcutaneous Electrical Nerve Stimulation) unit supplies, monthly:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) P.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS, Chronic Pain Page(s): 116.

**Decision rationale:** The claimant has already been provided with TENs unit but is in need of supplies such as leads and batteries. The claimant has gained some subjective benefit not well characterized such that the supplies should be afforded him. The request for TENS unit supplies is medically necessary.

**Bilateral lumbar RFA (Radiofrequency Ablation):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back (updated 06/10/14), Facet Joint Radiofrequency Neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Radiofrequency Neurotomy

**Decision rationale:** The office note of 5/22/14 documents the claimant had LMBB which resulted in 90% reduction in symptoms. The VAS score went from 10/10 to 1/10. Therefore the RFA as requested is reasonable and in keeping with ODG guidelines. The request is medically necessary.