

Case Number:	CM14-0011317		
Date Assigned:	02/21/2014	Date of Injury:	05/14/2011
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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 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:

The injured worker is a 71-year-old female who sustained an injury to her low back on May 14, 2011. The mechanism of injury was not documented. An electrodiagnostic study dated December 6, 2011 revealed no electroneurographic evidence of entrapment, neuropathy was seen in the bilateral lower extremities; electromyographic indicators of acute lumbar radiculopathy were not seen. A clinical note dated December 16, 2013 reported that the injured worker continues to complain of persistent low back pain that radiates into the bilateral lower extremities with associated numbness and tingling. Physical examination noted pain at mid to distal lumbar segments; pain with terminal motion; seated nerve root test positive; dysesthesia at the right L5 and S1 dermatomes; ambulation with a limp favoring the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT (PURCHASE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS UNIT (PURCHASE), 114-116

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: TENS, chronic pain (transcutaneous electrical nerve s.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that while TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Given the clinical documentation submitted for review, medical necessity of the request for TENS unit purchase has not been established. The request for a TENS unit (purchase) is not medically necessary or appropriate.