

Case Number:	CM14-0016173		
Date Assigned:	02/21/2014	Date of Injury:	07/22/2010
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 28 year old male whose date of injury is 07/22/10. Evaluation dated 11/11/13 indicates he was shoveling asphalt into the back of a truck when he suddenly felt a sharp pain in his low back. The injured has undergone lumbar surgery twice with a laminectomy and a fusion. The injured worker was not taking any medications. Diagnostic impression notes lumbar spine radiculopathy, and status post lumbar spine surgery time two. Lumbar MRI dated 11/26/13 revealed L4-5 dehiscence of the nucleus pulposus with a two millimeter disc protrusion indenting the anterior portion of the lumbosacral sac; the neural foramina appear patent and lateral recesses are clear. At the lumbar spine (L5-S1) there is evidence of posterior fusion with a metallic prosthesis in place; mild bony hypertrophy of the articular facets is present; moderate right and mild left lateral recess stenosis is present. This request is for durable medical equipment, Transcutaneous Electrical Nerve Stimulation (TENS) unit for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT TENS UNIT FOR HOME USE, LOWER BACK:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for durable medical equipment Transcutaneous Electrical Nerve Stimulation (TENS) unit for home use lower back is not recommended as medically necessary. The submitted records indicate the injured worker was previously authorized for a trial of TENS; however, the injured worker's objective, functional response to the trial is not documented to establish efficacy of treatment. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals were provided, as required by California Medical Treatment Utilization Schedule (CAMTUS) guidelines. The request is not medically necessary and appropriate.