

Case Number:	CM14-0016673		
Date Assigned:	04/11/2014	Date of Injury:	02/13/2013
Decision Date:	05/28/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 & 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 39-year-old male who reported an injury on 02/13/2013, secondary to heavy lifting. Current diagnoses include lumbar disc herniation with radiculopathy and bilateral lower extremity radicular pain. The injured worker was evaluated on 11/21/2013. Physical examination revealed limited lumbar range of motion, positive straight leg raises, positive Kemp's testing, decreased strength, and decreased sensation in the L4 through S1 nerve root distributions. Treatment recommendations included a TENS unit trial for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a noninvasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. As per the documentation submitted,

there is no evidence of a failure to respond to other appropriate pain modalities including medication. There is also no evidence of a treatment plan including the specific short and long term goals of treatment with the TENS unit. The current request does not specify a total duration of treatment. Therefore, the request is not medically appropriate. As such, the request is not medically necessary.