

Case Number:	CM14-0120958		
Date Assigned:	08/06/2014	Date of Injury:	05/24/2013
Decision Date:	09/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family Practice, 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:

This 64 year-old male claimant sustained a work injury on 01/22/2014 involving the low back. He was diagnosed with lumbar disc disease with radiculopathy and myofasciitis. He had used oral analgesics for pain relief. He was able to perform activities after epidural steroid injections. A progress note on 07/02/2014 indicated the claimant had continued back pain. Exam findings were notable for reduced painful range of motion of the lumbar spine. There was decreased sensation in the calf and middle foot on the left side. The treating physician recommended a TENS unit for home use as well oral analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115-116.

Decision rationale: According to the MTUS guidelines, a TENS unit is indicated for a month trial for spasticity, phantom limb pain, CRPS, neuropathy and multiple sclerosis. The claimant

does not have the diagnoses above with intractable pain. The request for a TENS unit is not medically necessary.