

Case Number:	CM14-0129461		
Date Assigned:	08/18/2014	Date of Injury:	09/20/2012
Decision Date:	09/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine and 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:

Medical records reflect the injured worker is a 60 year old male who sustained a work injury on 9-20-12. On this date, the patient slipped while exiting a vehicle and hurt his lower back, upper gluteal and bilateral upper legs. He has a diagnosis of chronic pain syndrome, low back pain, lumbar degenerative disc disease, and lumbar radiculopathy. Treatment has included physical therapy, epidural steroid injection, medications, and chiropractic care. An office visit on 6-9-14 notes the patient had low back pain. He reported some relief with physical therapy. The injured worker reports lower extremity numbness and left foot drop. On exam, the patient had decreased sensation on the right L5 and S1 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a transcutaneous electrical nerve stimulator (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - TENS unit.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. This modality is recommended for conditions such as spasticity, multiple sclerosis, neuropathic pain, and phantom limb pain. There is an absence in documentation noting that this patient has had a trial with daily pain diaries noting functional and documented improvement. As such, the request is not medically necessary.