

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0130461 | | |
| Date Assigned: | 08/20/2014 | Date of Injury: | 03/22/2013 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 08/15/2014 |

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 52-year-old gentleman who was reportedly injured on March 22, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated August 14, 2014, indicated that there were ongoing complaints of left ankle pain, shoulder pain, and back pain. The physical examination demonstrated decreased muscle strength with ankle dorsiflexion and extensor hallucis longus at 4+/5. There was hypersensitivity in the L5 distribution of the left foot and altered sensation in the dorsum of the left foot. Diagnostic imaging studies of the lumbar spine showed multilevel degenerative changes most pronounced at L3-L4 and L4-L5, and L5-S1 with disc bulging and facet arthropathy. Previous treatment included a lumbar spine L4-L5 and L5-S1 hemilaminectomy and decompression. A request was made for a transcutaneous electrical nerve stimulation unit and was not certified in the pre-authorization process on August 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines support the use of a transcutaneous electrical nerve stimulation (TENS) unit in certain clinical settings of chronic pain, as a one-month trial when used as an adjunct to a program of evidence-based functional restoration for certain conditions, and for acute postoperative pain in the first 30 days following surgery. According to the most recent progress note, dated August 14, 2014, the injured employee was already five months after the stated date of his lumbar spine surgery. Additionally, there is no documentation of current participation in a functional restoration program. As such, this request for the use of a TENS unit is not medically necessary.