

Case Number:	CM14-0144961		
Date Assigned:	09/12/2014	Date of Injury:	04/13/2012
Decision Date:	12/03/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational Medicine 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:

Patient is a 52 year-old male with date of injury 04/13/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/19/2014, lists subjective complaints as pain in the low back with radicular symptoms down the right leg. Previous treatments to date include medications, physical therapy, lumbar epidural steroid injections, and trigger point injections. Patient is status post L5-S1 microdiscectomy on 04/24/2014. Objective findings: Examination of the lumbar spine revealed restricted range of motion in all planes. Spinous process tenderness was noted on the right side at L5. Babinski's sign was negative. Heel toe walk was normal. Straight leg raising test was positive. FABER test and Pelvic compression tests were negative. Motor and reflex examination were normal. Touch sensation was absent over the right leg and big toe and two point discrimination was absent over the right lower extremities. Dermatomal pain was noted along the right L5-S1 dermatomes. Diagnosis: 1. Moderate cuff tendinosis without discrete tear 2. Degenerative changes of the glenohumeral joint with very prominent marginal spurring activity relatively limited cartilage loss but a small area of chondral delamination forming a marginal flap. 3. Intact SLAP repair 4. Glenohumeral joint adhesive capsulitis 5. Status post subacromial decompression with minimal spurring re-grown from the under surface of the acromion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit 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. There is no documentation that a trial period with a rented TENS unit has been completed. Purchase of a TENS unit is not medically necessary.