

Case Number:	CM14-0156401		
Date Assigned:	09/25/2014	Date of Injury:	02/01/2007
Decision Date:	10/31/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/23/2014

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 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:

The patient is a 51 years old male with an injury date on 02/01/2007. Based on the 08/20/2014 progress report provided by [REDACTED] the diagnoses are: 1. Status post L3-S1 PSF (posterior spinal fusion); 2. Ejac issue; 3. LBP (low back pain)/right radiculopathy 4. Incontinence; 5. LBP (Low back pain). According to this report, the patient complains of back pain and right left radiculopathy. The patient "notices some improvement with starting PT"; completed 3 out 18 sessions. The 06/24/2014 report indicates the patient had a successful fusion from L3-S1. Motor exam of the bilateral lower extremities are a 5/5 and light touch along all dermatomes were intact. There were no other significant findings noted on this report. The utilization review denied the request on 09/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/14/2014 to 09/23/2014.

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 (Transcutaneous Electrical nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

Decision rationale: According to the 08/20/2014 report by [REDACTED] this patient presents with back pain and right left radiculopathy. The treater is requesting TENS unit "for pain." Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the medical records from 03/14/2014 to 09/23/2014 shows no indication that the patient has trialed a one-month rental to determine whether or not a TENS unit will be beneficial. Recommendation is for denial.