

Case Number:	CM14-0159024		
Date Assigned:	10/02/2014	Date of Injury:	01/02/2001
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

9/24/14 evaluation notes pain in the back radiating into the lower limbs. Medications are reported as baclofen, ambien, morphine sulfate IR, silenor, nucynta, and lyrica. Examination notes positive discogenic provocative maneuvers, with 4+/5 strength in the bilateral lower extremities. There are lumbar muscle spasms. The insured had a spinal cord stimulator implant with failed back surgery syndrome and bilateral lower extremity lumbar radiculopathy. The insured is reported to have a TENS and uses it each day with decrease in pain from 7/10 to 4/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill TENS unit supplies: Overturned

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): 116-117.

Decision rationale: MTUS guidelines support TENS for treatment of pain and continued use where there is documentation of pain and functional benefit. The medical records report benefit of the TENS unit by the insured with daily use and that pain and function are better. As such the

medical records support TENS supplies for continued use of the TENS unit. Therefore the request is medically necessary.