

Case Number:	CM14-0174482		
Date Assigned:	10/27/2014	Date of Injury:	11/28/2013
Decision Date:	12/04/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

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 Emergency 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:

The injured worker is a 55-year-old female who reported an injury on 11/28/2013, the mechanism of injury was not provided. On 08/26/2014, the injured worker presented with low back pain. Upon examination of the lumbar spine, there was restricted range of motion with tenderness to the spinous process noted to the L4-5. There was a positive straight leg raise and positive Faber's test noted. There was diminished sensation to the right thigh and the lateral femoral cutaneous nerve. The diagnoses were lumbar radiculopathy and lumbar spondylosis. Prior therapy included acupuncture treatment. The provider recommended a TENS unit purchase for the lumbar spine. A rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The request for a TENS unit purchase for the lumbar spine is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 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. The results of studies are inconclusive and the published charts do not provide information on the stimulation parameters which are most likely to provide often with pain relief nor do they answer questions about long term effectiveness. There is lack of documentation indicating significant deficits upon physical exam. The efficacy of the injured worker's previous courses of conservative care was not provided. It is unclear if the injured worker underwent an adequate TENS trial. As such, this request is not medically necessary.