

Case Number:	CM14-0176231		
Date Assigned:	10/29/2014	Date of Injury:	06/05/1990
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in Interventional Spine 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 58-year-old male with date of injury of 06/05/1990. The listed diagnoses per [REDACTED] from 08/21/2014 are: 1. Unspecified thoracic/lumbar neuritis/radiculitis 2. Post laminectomy syndrome of the lumbar region 3. Cervicalgia 4. Malaise and fatigue 5. Pain in the limb 6. Enthesopathy in the hip region 7. Unspecified neuralgia neuritis a/radiculitis 8. Long-term use of other drugs 9. Unspecified myalgia/myositis 10. Lumbago According to this report the patient complains of lumbago and leg pain. The patient's function is stable and he is taking his medications as prescribed. Examination shows the patient is a well-developed, well-nourished in no distress. Gait is within normal limits. The patient moves easily from sit to stand. No other findings were reported. The documents include UDS from 01/13/2014 to 05/29/2014 and progress reports from 01/08/2014 to 09/20/2014. The utilization review denied the request on 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a TENS unit for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 12th Edition (web), 2014, Knee and Leg Chapter, Venous Thrombosis, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: This patient presents with low back pain and leg pain. The physician is requesting the Purchase of a Tens Unit for the Lumbar Spine. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidenced-based functional restoration. The records do not show that the patient has tried TENS unit in the past. The 09/20/2014 report by [REDACTED] shows that the physician is requesting a TENS unit to reduce the risk of DVT, insomnia, and depression. MTUS recommends a 1 month home-based TENS trial to determine its efficacy in terms of pain relief and functional improvement before a purchase can be made. Therefore, Purchase of a TENS unit for the lumbar spine is not medically necessary.