

Case Number:	CM14-0180040		
Date Assigned:	11/04/2014	Date of Injury:	12/13/2012
Decision Date:	12/26/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 12/13/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/18/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. Seated nerve root test was positive. Range of motion for standing flexion and extension was guarded and restricted. There was dysesthesias at the L5 and S1 dermatomes. No instability was noted. Circulation to the lower extremities was full. Diagnosis: 1. Lumbar discopathy with radiculitis 2. Left shoulder rotator cuff impingement syndrome with partial rotator cuff tear and labral tear 3. Right knee chondromalacia patella.

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 ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

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. The initial request for a TENS unit was modified to provide for a 30 day trial period. 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.