

Case Number:	CM14-0030830		
Date Assigned:	06/20/2014	Date of Injury:	08/03/2005
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/11/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 51-year-old male injured on August 3, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 10, 2014, indicated that there were ongoing complaints of low back pain, decreased sleep and difficulty performing home exercises due to pain. The injured employee is currently using a transcutaneous electrical nerve stimulation (TENS) unit and states, that by using it, his right leg pain is reduced by 50%. The physical examination demonstrated symmetrical upper and lower extremities and decreased strength with L3 and L4. There were diagnoses of degenerative disc disease of the lumbar spine, chronic pain syndrome, lumbar radiculitis, lumbar spondylosis, lumbar sciatica and status post two-level fusion of L4 through S1. Treatment recommended continued use of gabapentin, Norco and the continued use of a TENS unit. A request had been made for the use of a TENS unit and was not certified in the pre-authorization process on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) TENS UNIT 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain(transcutaneous electrical nerve stimulation).

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

Decision rationale: According to the medical note, dated June 10, 2014, the injured employee used a TENS unit for 20 minutes to achieve one hours pain relief. There has been no objective documentation that there has been a functional improvement for the injured employee secondary to its use and only helps with his leg pain. Without significant efficacy demonstrated from the use of this TENS unit, this request is not medically necessary.