

Case Number:	CM14-0040015		
Date Assigned:	06/27/2014	Date of Injury:	01/31/2014
Decision Date:	08/19/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 33-year-old male was reportedly injured on January 31, 2014. The mechanism of injury is noted as lifting heavy pallets. The most recent progress note, dated February 4, 2014, indicates that there are ongoing complaints of low back pain without radiation to the lower extremities and abnormal gait. There was normal lumbar spine range of motion and a normal lower extremity neurological examination. Anti-inflammatory medication and physical therapy was recommended. A follow-up appointment dated March 4, 2014 noted decreased lumbar spine range of motion and weakness of the right extensor hallucis longus. There was decreased deep tendon reflexes on the right and a positive right-sided straight leg raise test. Diagnostic imaging studies reported straightening of the cervical spine with muscle spasms. No disc herniations were noted. An MRI the lumbar spine noted a disc bulge at the L3-L4 and L5-S1 level. Compression of the traversing left-sided S1 nerve root is suspected. There is also a disc protrusion at the L4-L5 level which is touching the traversing left L4 nerve root. A request had been made for TENS unit and was not certified in the pre-authorization process on March 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61, 300, 303. Decision based on Non-MTUS Citation Official Disability Guidelines, TENS, chronic pain.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit includes a one-month trial as an adjunct to a current functional restoration approach. There should also be evidence that other appropriate pain modalities including medications have been tried and failed. There is no evidence of these criteria have been met in the medical record. Therefore, this request for the use of a TENS unit is not medically necessary.