

Case Number:	CM14-0048180		
Date Assigned:	07/02/2014	Date of Injury:	12/09/2010
Decision Date:	08/01/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 55-year-old male presenting with chronic pain following a work-related injury on December 9, 2010. On November 27, 2013 the claimant complains of persistent low back pain which is rated a 6-7 out of 10 with medications. The claimant reported that the pain radiates down the lower extremities as well. The claimant is working full-time and utilizing medications to control his pain. The MRI of the lumbar spine was significant for disc desiccation at the L4-5 level with slight increase in the degree of right foraminal bulging of the disc annulus contributed into narrowing along the exit zone of the right neuroforamen, mild narrowing also noted on the left side, slight increase in the right lateral disc bulge at the L3-4 level contributing to narrowing along the exiting zone of the right neuroforamen, and at L2-3 minimal right lateral disc bulge as well as mild facet joint hypertrophy. The physical exam was significant for minimally limited lumbar range of motion, ability to tolerate going up on heels and toes, pain behavior noted with attempts at straight leg raise, Patrick's and piriformis stretch in the right lower extremity, giveaway strength throughout on the right lower extremity and the inability to tolerate light touch to his right lower extremity. The claimant was diagnosed with lumbar strain and lumbar radiculopathy. The claim was made for TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Electrodes #3 (x4 in each) DOS: 02/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: TENS unit Electrodes # 3 (x4 in each) DOS: 2/19/14 is not medically necessary because a TENS unit is not medically necessary for use at this time and in this case. On page 14 of the MTUS states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. Additionally there is lack of documentation of a follow-up on the claimant's response to the TENS unit. The claimant is content with this medications for pain control; therefore, per MTUS TENS unit is not medically necessary therapy.