MAXIMUS Federal Services

Case Number:	CM14-0074257		
Date Assigned:	07/16/2014	Date of Injury:	06/16/1999
Decision Date:	10/03/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/03/2014

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 71 year-old male with date of injury 06/14/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/21/2014, lists subjective complaints as pain in the low back with radicular symptoms down the left leg. Objective findings: Examination of the lumbar spine revealed very tight lumbar paravertebral muscles. Positive straight leg test on the left at 70 degrees extension, with pain referred to the midline of the lower back. Range of motion was restricted by pain. 2+ knee reflexes; depressed left knee reflex. Diagnosis: 1. Degenerative disc disease L5-S1 2. Neural foraminal stenosis, moderate L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental x 1 month for lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. There is documentation that the patient meets the criteria necessary for a one-month trial of a TENS unit. The request was initially denied due to lack of documentation that the patient was undergoing adjunct ongoing treatment. There is documentation that the patient is instructed by his physician to continue his exercise program, which fits the definition of adjunct treatment modality. I am reversing the previous utilization review decision.