

Case Number:	CM14-0093309		
Date Assigned:	09/19/2014	Date of Injury:	11/29/2010
Decision Date:	10/21/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/19/2014

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 Medicine and is licensed to practice in Florida. 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 28-year-old male, who reported an injury on 11/29/2010 due to cumulative trauma. On 12/06/2013, the injured worker presented with lumbar spine pain radiating to the lower extremities with paresthesia and numbness. Upon examination, there was spasm, tenderness, and guarding to the paravertebral musculature of the lumbar spine with loss of range of motion. There was decreased sensation noted bilaterally in the L5 and S1 dermatomes with pain. Prior treatment included medications. The diagnosis were lumbosacral radiculopathy. The provider recommended an [REDACTED] Stimulator unit; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Stimulator Unit , Purchase Plus Three months supplies and conductive garment (times two): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENs Page(s): 116.

Decision rationale: The request for [REDACTED] Stimulator Unit, Purchase Plus Three months supplies and conductive garment (times two) is not medically necessary. The California MTUS does not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be used in conjunction to a program of evidence based functional restoration. The results of studies are inconclusive, and the published trials do not provide stimulation parameters which are most likely to provide optimum pain relief, nor do they answer the questions about long term effectiveness. There is lack of documentation indicating significant deficits upon physical exam. The efficacies of the injured worker's previous courses of conservative treatment were not provided. It was unclear if the injured worker underwent an adequate TENS trial. The provider's request as submitted does not indicate the site at which the [REDACTED] Stimulator unit was intended. As such, medical necessity has not been established.