

Case Number:	CM14-0131328		
Date Assigned:	08/20/2014	Date of Injury:	07/24/2013
Decision Date:	03/10/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

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 patient receives treatment for chronic low back pain with a date of injury 07/24/2013. The patient was injured while moving 13 heavy drums from one dolly to another. Initial treatment included chiropractic, physical therapy and medications. The patient reports persisting low back symptoms consisting of low back pain that radiates to the buttocks and legs accompanied with numbness and tingling. A lumbar MRI showed a possible disc extrusion at S1. On exam the patient showed symmetric and preserved lumbar ROM, a positive SLR on the L side, and intact motor and sensory exams. The treating physician recommends purchase of a home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit for Lumbar Spine: 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 Transcutaneous electrotherapy Page(s): 114-115.

Decision rationale: This injured workers reports low back pain that began on the date of injury 07/24/2013. The low back pain radiates to the buttocks and downward to the legs accompanied with numbness and tingling. The guidelines for TENS state that this mode of therapy ought not to be the primary mode of therapy. In addition the treating physician must show that a trial of TENS occurred and that the TENS treatment resulted in positive benefits including a reduction in pain and an improvement in the level of functioning. The documentation does not mention that the patient already received a trial of TENS. The purchase of a home TENS unit is not medically indicated.