

Case Number:	CM14-0208727		
Date Assigned:	12/22/2014	Date of Injury:	12/03/2008
Decision Date:	02/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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 Internal Medicine and is licensed to practice in New York. 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 30 yo male who sustained an industrial injury on 12/03/08. The mechanism of injury was not provided for review. His diagnoses include lumbar disc herniation, and myofascial pain syndrome. He continues to complain of low back pain, muscle spasms and morning stiffness. On physical exam of the thoracic spine there was paravertebral muscle spasms. Evaluation of the lumbar spine revealed the range of motion was restricted with flexion limited to 50 degrees but normal extension, right lateral bending and left lateral bending. There was spinous process tenderness noted at L4 and L5. There was decreased light touch sensation over the medical foot and calf on the left side. Treatment has consisted of medical therapy, physical therapy and a home exercise program. The treating provider has requested a TENS Unit with Electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) Unit with Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: The requested TENS is not medically necessary . Per California MTUS Guidelines it is not recommended as an isolated therapeutic intervention and is only recommended on a one-month trial if it is part of a comprehensive rehabilitation program. There is no documentation indicating that the claimant is part of such a rehabilitation program. There is no report of functional benefit from electrical stimulation under the supervision of a licensed physical therapist. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.