

Case Number:	CM15-0100652		
Date Assigned:	06/03/2015	Date of Injury:	02/27/2009
Decision Date:	07/01/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, 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 injured worker is a 40-year-old male, who sustained an industrial injury on February 27, 2009. Treatment to date has included medication, physical therapy, lumbar epidural steroid injection, and work modifications. Currently, the injured worker complains of continued pain at times and spasms of the central low back. He reports associated cracking in the left lower back and his movement is reduced with spasms. The injured worker reports numbness and tingling in the bilateral lower calf. On physical examination, he has slight to moderate tenderness to palpation over the L4-S1 midline and his lumbar range of motion is causes pain. He exhibits a normal gait. The diagnoses associated with the request include displacement of intervertebral disc, annular tear and left lower extremity radiculopathy. The treatment plan includes TENS unit, work limitations and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. In addition, a month trial is within the time frame for trial for the 3 months requested. The request for a TENS unit is not medically necessary.