

Case Number:	CM15-0131227		
Date Assigned:	07/17/2015	Date of Injury:	10/20/2003
Decision Date:	08/13/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (age unlisted) male with an industrial injury dated 10/20/2003. His diagnoses included lumbar discogenic disease, lumbar radiculitis and chronic low back pain. Prior treatment included TENS unit and medications. One progress note dated 01/08/2015 is available for review. The injured worker presented on this date with low back pain. Physical exam of the lumbar spine revealed spasm. Motor strength was intact bilaterally. Range of motion was painful and limited. Straight leg raise was negative. The injured worker was working regular duties. The treatment plan was refill of Ultram, Prilosec and Celebrex. He was to return in 4 to 6 months. There is a durable medical equipment request dated 06/03/2015 requesting a TENS unit. The request is for transcutaneous electrical nerve stimulation (TENS) unit & supplies (rental or purchase).

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 & supplies (rental or purchase):
Upheld

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
Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2003 and continues to be treated for low back pain. He currently uses medications and TENS for pain relief. When seen, there was decreased and painful lumbar spine range of motion with muscle spasms. Authorization for either purchase or rental of a TENS unit and supplies was requested. In this case, the claimant or ready uses TENS with benefit. If his unit needs to be replaced, then purchasing a new unit would be appropriate. Rental of a unit is not cost effective and not necessary to determine its efficacy. Therefore, in the manner in which the request was submitted, it cannot be considered medically necessary. The request is not medically necessary.