MAXIMUS Federal Services

Case Number:	CM15-0143312		
Date Assigned:	08/04/2015	Date of Injury:	10/20/2012
Decision Date:	09/01/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/23/2015

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 47 year old male, who sustained an industrial injury on 10-20-2012. He reported hearing popping in his back. Diagnoses have included lumbar spine radiculopathy, lumbar sprain, sacrum sprain, lumbago and lumbar disc disorder. Treatment to date has included magnetic resonance imaging (MRI), physical therapy and medication. According to the progress report dated 6-1-2015, the injured worker complained of worsening low back and left knee pain. The pain radiated to the lateral aspect of the left leg. Physical exam revealed spasm at the lumbar region. There was tenderness of the lumbar paraspinous muscles and the sacroiliac joint. Straight leg raise test was positive bilaterally. Exam of the left knee revealed tenderness. Authorization was requested for a transcutaneous electrical nerve stimulation (TENS) unit and a lumbar x-ray.

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 Page(s): 114-115.

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 and the MRI does not indicate spinal cord injury. The length of use was not specified. The request for a TENS unit is not medically necessary.

X-ray lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the guidelines, x-rays are recommended when red flags of fracture are present. They are not recommended for routine use. The claimant had an MRI in 2013. In this case, there were no new injuries or red flag findings. The request for an x-ray is not medically necessary.