

Case Number:	CM15-0168872		
Date Assigned:	09/09/2015	Date of Injury:	02/09/2015
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 28 year old male who sustained an industrial injury on 2-9-15. The injured worker reported discomfort to the lumbar spine. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar spine sprain, right lumbar radiculopathy and lumbar disc protrusion and L4-L5. Medical records dated 7-14-15, 6-23-15, 5-26-15, and 4-28-15 did not indicate a pain rating on a scale of 1 through 10. Provider documentation dated 7-14-15 noted the work status as temporary totally disabled. Treatment has included electrodiagnostic testing (6-24-15), lumbar spine magnetic resonance imaging (4-9-15), physical therapy, Cyclobenzaprine since at least February of 2015, Tylenol since at least March of 2015, Naprosyn since at least March of 2015 and Protonix since at least March of 2015. Objective findings dated 7-14-15 were notable for tenderness to palpation to the lumbar paravertebral muscles, decreased range of motion and pain with lumbar motion, decreased sensation in the right L5 distribution, and an antalgic gait was noted. The original utilization review (7-29-15) denied a home transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit (purchase) is not medically necessary.