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| Case Number: | CM15-0183102 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 01/07/2015 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year old male, who sustained an industrial injury on 01-07-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar spine strain and sprain, lumbar radiculopathy, lumbar degenerative disc disease, lumbar disc displacement, and Schmorl's node. Medical records (03-26-2015 to) indicate ongoing and increasing low back and left leg pain. Pain levels were increasing from 5 out of 10 on a visual analog scale (VAS) to 7 out of 10. At times, the pain was described as constant, moderate-to-severe, burning and radiating to the left lower extremity with associated numbness and tingling in both lower extremities. The IW reported difficulty with prolonged positions and activities, and was aggravated by daily activities of getting dressed and personal hygiene. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 07-30-2015, revealed tenderness to palpation over the lumbar paraspinal musculature, restricted range of motion (ROM) in the lumbar spine, decreased sensation to pin-prick and light touch in the L4, L5 and S1 dermatomes bilaterally, and decreased motor strength in the lower extremities due to pain. There were no changes from the previous exam dated 07-02-2015. Relevant treatments have included physical therapy (PT) without benefit, work restrictions, and pain medications. A MRI of the lumbar spine (03-2015) was available for review and showed mild scoliosis, and degenerative disc disease at L2-3, L3-4 and L4-5 with multilevel small protrusions and annular fissures. The request for authorization (07-02-2015 and 08-05-2015) shows that the following durable medical equipment was requested: TENS (Transcutaneous Electrical Nerve Stimulation)

and EMS (electrical muscle stimulation) unit. The original utilization review (09-03-2015) non-certified the request for the TEN and EMS combo unit based on lack of effectiveness for the IW's clinical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS 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: The patient presents with burning low back pain radiating down the left leg. The current request is for TENS/EMS Unit. The treating physician's report dated 07/02/2015 (74C) states, "A TENS unit with supplies for home use and Hot/Cold Unit are requested for the patient." The MTUS guidelines pages 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. Medical records do not show that the patient has completed a 30- day trial of a TENS unit. In this case, guidelines recommend a trial before its purchase. The current request is not medically necessary.