

Case Number:	CM15-0205185		
Date Assigned:	10/22/2015	Date of Injury:	07/29/2015
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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:

This is a 28 year old male who sustained a work-related injury on 7-29-15. Medical record documentation on 8-20-15 revealed the injured worker was being treated for lumbar spine sprain-strain, rule out herniated nucleus pulposus and rule out lower extremity radiculitis. He reported burning radicular low back pain and muscle spasms. He rated his pain a 7 on a 10-point scale and described the pain as constant, moderate to severe pain associated with numbness and tingling of the bilateral lower extremities. The pain was aggravated by prolonged positioning including sitting, standing, walking, bending, arising from a sitting position, navigating stairs and stooping. His pain was also aggravated by activities of daily living such as dressing and personal hygiene. Objective findings included tenderness to palpation over the spinal segments of L4-S1 greater on the left and bilateral PSIS and sciatic notch tenderness. His lumbar spine range of motion included flexion to 25 degrees, extension to 10 degrees, bilateral lateral flexion to 15 degrees and bilateral rotation to 20 degrees. He had bilateral positive Flip-Test and Kemp's Test. The injured worker had a slight decreased sensation to pin-prick and light touch at the L4, L5 and S1 dermatomes in the left lower extremity and his motor strength was 4-5 in all muscle groups in the lower extremities. An MRI of the lumbar spine on 8-24-15 revealed multi-level disc herniation, spinal canal narrowing and bilateral neuroforaminal narrowing. A request for Dual Stimulator - TENS-EMS unit of the lumbar spine was received on 9-23-15. On 9-29-15, the Utilization Review physician determined Dual Stimulator - TENS-EMS unit of the lumbar spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dual stimulator - TENS / EMS unit: Lumbar: Upheld

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

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

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. An EMS is not recommended per the guidelines except in the cases of a stroke. The length of use was not specified. The request for a TENS/EMS unit is not medically necessary.