

Case Number:	CM15-0034652		
Date Assigned:	03/03/2015	Date of Injury:	04/16/2007
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/24/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 44 year old female, who sustained an industrial injury on April 16, 2007. The diagnoses have included spondylosis, without myelopathy, lumbar, lumbago, pain L spine, lumb/lumbosac degenerative disc disease, sacroiliitis and spasm of muscle. Treatment to date has included lumbar epidural steroid injection, MBB left L3-5, L2-5, left L1-S1 MBRF, left SIJ injections, electromyogram and nerve conduction study. Currently, the injured worker complains of low back pain. In a progress note dated January 6, 2015, the treating provider reports buttock pain with radiation to lateral thigh on occasion. On January 21, 2015 Utilization Review non-certified a TENS unit electrodes, skin preps batteries for purchase, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit, electrodes, skin preps, batteries for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114 -116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DME Page(s): 114.

Decision rationale: TENS Unit, electrodes, skin preps, batteries for purchase is not medically necessary. Page 14 of MTUS states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. Per MTUS TENS unit is not medically necessary as solo therapy.