

Case Number:	CM15-0036426		
Date Assigned:	03/04/2015	Date of Injury:	04/16/2014
Decision Date:	04/08/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 43 year old male, who sustained an industrial injury on 04/16/2014. He has reported twisting himself to move a sheet of drywall causing him to have an onset of lumbar pain that persisted and radiated to the legs and feet. Diagnoses include lumbar sprain/strain, lumbosacral sprain/strain, and psychological sequelae work related. Treatment to date has included physical therapy, electromyogram of the bilateral lower extremities and lumbar paraspinous muscles, and magnetic resonance imaging of the lumbar spine. In a progress note dated 01/21/2015 the treating provider reports low back pain with radiculopathy to the bilateral legs, anxiety, poor sleep, depression, tenderness, muscle spasms, decreased range of motion to the lumbar spine, and decreased sensation to the lumbar four, lumbar five, and sacral one dermatomes. The treating physician requested a transcutaneous electrical nerve stimulation unit, but the documentation provided did not indicate the reason for the requested equipment. On 02/18/2015 Utilization Review non-certified the requested treatment of a transcutaneous electrical nerve stimulation unit, noting the California Medical Treatment Utilization Schedule, 2009, Chronic Pain, Transcutaneous Electrical Nerve Stimulation, pages 114 to 116.

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
TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1)
Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy
Page(s): 114, 121.

Decision rationale: In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Therefore the requested TENS unit was not medically necessary.