

Case Number:	CM15-0036696		
Date Assigned:	03/05/2015	Date of Injury:	11/07/2001
Decision Date:	04/09/2015	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: 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:

The injured worker is a 63 year old female who sustained an industrial injury on 11/07/2001. Diagnoses include lumbar disc degeneration, facet arthropathy, and status post fusion. Treatment to date has included medications, injections, and a TENS Unit. A physician progress note dated 01/27/2015 documents the injured worker has pain with spinal extension and rotations. Paraspinal spasm is present there. She has positive straight leg raising, cram and Lasegue. There is decreased sensation in the S1 nerve root distribution which is above the fusion that was done before. There is no L4 reflex. She has an antalgic gait and a flexed lumbar spine. The use of a TENS Units in the past has given her great relief. Treatment requested is for a TENS Unit. On 02/18/2015 Utilization Review non-certified the request for a TENS Unit and cited was MTUS.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-115.

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 but did benefit from the TENS in the past. The length of prior or future use was not specified. Based on lack of supporting diagnoses and specificity for its use, the TENS is not medically necessary.