

Case Number:	CM15-0043009		
Date Assigned:	04/10/2015	Date of Injury:	06/17/2014
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/06/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 33-year-old male who sustained an industrial injury on 06/17/2014. Diagnoses include lumbar sprain, strain with right leg neuralgia, multilevel lumbar disc herniation, sleep disorder and depressive disorder. Treatment to date has included medications, and diagnostic studies. A physician progress note dated 11/19/2014 documents the injured worker has constant, moderate lower back pain with tightness. He also has constant, severe, radiating right leg pain with tight and numb sensations. He complains of sleeplessness, fatigue, anxiety, mood changes and depression. On examination, he has decreased sensory at L5-S1 on the right. The treatment plan is for chiropractic manipulative therapy/modalities/rehab 1-2x6 weeks, 12 office visits on a trial basis, in order to decrease pain and increase range of motion: TENS-EMS , psychological evaluation and treatment for emotional symptoms associated with the injured workers work related injury, and occupational medicine evaluation and treatment. Treatment requested is for one-month home based trial of neurotranstimulator TENS-EMS for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of nuerotranstimulator TENS-EMS for the lumbar spine:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested One month home based trial of nuerotranstimulator TENS-EMS for the lumbar spine, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-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." The injured worker has constant, moderate lower back pain with tightness. He also has constant, severe, radiating right leg pain with tight and numb sensations. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist. The criteria noted above not having been met, One-month home based trial of nuerotranstimulator TENS EMS for the lumbar spine is not medically necessary.