

Case Number:	CM15-0045529		
Date Assigned:	03/17/2015	Date of Injury:	09/10/2008
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/10/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female, with a reported date of injury of 09/10/2008. The diagnoses include lumbar disc degeneration and lumbar radiculopathy. Treatments to date have included an MRI of the lumbar spine, chiropractic treatment, oral medications, and a cane. The progress report dated 02/09/2015 indicates that the injured worker had low back pain with radiation to the bilateral lower extremities. It was noted that the chiropractic treatment helped to decrease her pain, and to increase range of motion. Since the chiropractic treatment had been denied, her low back pain had progressively worsened. She rated her pain 8 out of 10. The objective findings include a very slow gait, tenderness to the left lumbosacral paraspinal muscle with mild spasm; decreased lumbar range of motion with low back pain; negative bilateral sitting straight leg raise; positive bilateral supine straight leg raise test; and intact sensation to light touch. The treating physician requested a transcutaneous electrical nerve stimulation (TENS) unit for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit lumbar: 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): 114-116.

Decision rationale: The patient has chronic lower back pain with associated lower extremity pain. The current request is for TENS unit, lumbar. MTUS does not recommend as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria should include a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case, there is no documentation that a trial of TENS unit was used, as well as any outcomes in terms of pain relief and improved function. The utilization review records indicate that the patient already had a TENS unit and the attending physician simply wanted the patient to continue using it and was not requesting a TENS unit. The current documentation does not establish medical necessity. As such, recommendation is for denial. Therefore the request is not medically necessary.