

Case Number:	CM15-0051179		
Date Assigned:	03/24/2015	Date of Injury:	07/01/2010
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/18/2015

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 27-year-old male, who sustained an industrial injury on 07/01/2010. He has reported injury to the left shoulder, neck, and low back. The diagnoses have included left shoulder sprain/strain; lumbar spine sprain/strain; herniated nucleus pulposus at L3-L4, L4-L5, and L5-S1; and L5 radiculopathy. Treatment to date has included medications, diagnostics, injections, TENS (transcutaneous electrical nerve stimulation) unit, and physical therapy. A progress note from the treating physician, dated 02/12/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of pain in the lumbar spine and bilateral legs; pain radiates into the coccyx; and numbness, tingling, burning, and weakness in the legs. Objective findings included paraspinal tenderness with paraspinal spasms; decreased lumbar spine range of motion; positive straight-leg-raising test; and hypoesthesia at the anterolateral aspect of the foot and ankle. The treatment plan has included surgical intervention, and request for TENS unit 3A batteries and electrodes (4 units of electrodes, 4 units of triple A batteries)-low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit 3A batteries & electrodes (4 units of electrodes, 4 units of triple a batteries) - Low Back: 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 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 and had used the TENS for prior months. The length of future use was not specified. The use of TENS unit is not substantiated and therefore the batteries and electrodes are not medically necessary.