

Case Number:	CM15-0053177		
Date Assigned:	03/26/2015	Date of Injury:	10/09/2012
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 61 year old female sustained an industrial injury on 10/9/12. She subsequently reported left leg pain. Diagnostic testing has included x-rays and MRIs. Diagnoses include lumbar muscle strain, right ankle sprain, right peroneal neuropathy and left knee sprain. Treatments to date have included a leg brace and prescription pain medications. The injured worker continues to experience left ankle pain. A request for a TENS Unit for the lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: The injured worker sustained a work related injury on 10/9/12. . The medical records provided indicate the diagnosis of lumbar muscle strain, right ankle sprain, right

peroneal neuropathy and left knee sprain. Treatments have included a leg brace and prescription pain medications. The medical records provided for review do not indicate a medical necessity for TENS Unit for the lumbar spine. The request does not meet the MTUS recommendation of one month trial of TENS unit as an adjunct to a functional restoration program for treatment of neuropathic pain or Complex Regional PAIN syndrome 11 or spasticity. There is no evidence the injured worker has been enrolled in a functional restoration program, neither is there evidence the injured worker had a one month trial. The request is not medically necessary.