

Case Number:	CM15-0055429		
Date Assigned:	03/30/2015	Date of Injury:	11/11/2014
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 45 year old male who sustained a work related injury November 11, 2014. While pushing a 96 gallon garbage tote, he stepped on broken pavement, twisted his ankle, fell backwards, landing flat on his back with the tote falling on top of him. Past history includes hypertension and diabetes. According to an orthopedic physician's evaluation, performed February 4, 2015, the injured worker presented complaining of lumbar and right ankle pain. Assessment is documented as discogenic lumbar condition with facet inflammation without radiculopathy and anterior talofibular ligament inflammation on the right (which is an aggravation of a previous injury in 2013). Treatment plan included request for authorization for medications, MRI of the lumbar spine and right ankle, low back brace with bolster pad, hot/cold wrap, TENS unit with conductive garment, Richie ankle brace, right ankle, and physical therapy, 12 sessions for the low back and right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with conductive garment for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 113-116.

Decision rationale: The injured worker is diagnosed with discogenic lumbar condition with facet inflammation without radiculopathy and ankle anterior talofibular ligament inflammation. According to the CA MUTS guidelines, TENS (transcutaneous electrical nerve stimulation) is 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, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis . The injured worker is not diagnosed with conditions which would support treatment with a TENS (transcutaneous electrical nerve stimulation) unit. The request for TENS unit with conductive garment for the low back is not medically necessary and appropriate.