

Case Number:	CM15-0060734		
Date Assigned:	04/06/2015	Date of Injury:	04/08/2001
Decision Date:	05/05/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/30/2015

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 45 year old male, who sustained an industrial injury on April 8, 2001. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar spine musculoligamentous sprain, status post L5-S1 IDET procedure and status post L4 through S1 rhizotomy. Treatment to date has included home exercises, TENS unit, heat pad, lumbar spine support, leg spacer cushion for sleep and medications. On March 13, 2015, the injured worker complained of low back pain that had recently increased for a week with associated spasm, left side greater than the right. The pain is aggravated by activity. Range of motion was limited in the lumbar spine. Straight leg raising test increased low back pain bilaterally. The treatment plan included surgery, home exercise program, heat pad, bracing, medications, fix or replacement of TENS unit, cervical spine pillow and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS fix or replace home TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, 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. The length of use or prior use was not specified. The therapeutic benefit was not provided. The request to fix the TENs is not medically necessary.