

Case Number:	CM15-0081840		
Date Assigned:	05/04/2015	Date of Injury:	11/26/2012
Decision Date:	06/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/28/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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:

The injured worker is a 47 year old male, who sustained an industrial injury on November 26, 2012. He reported the injury occurred while bending over to pull a drawer. The injured worker was diagnosed as having lumbosacral discopathy with right lower extremity radiculopathy, L4-L5 4mm posterior broad-based protrusion and bilateral arthropathy per MRI dated December 11, 2014, and acute right L5 and S1 lumbosacral radiculopathy per electromyography (EMG)/nerve conduction velocity (NCV) on December 10, 2014. Treatment to date has included physical therapy, MRI, lumbar epidural steroid injection (ESI), lumbar nerve root blocks, electrodiagnostic study, chiropractic treatments, acupuncture, and medication. Currently, the injured worker complains of constant, moderate pain in the lumbar spine, with radiation through the right leg to his right foot with associated weakness and tingling. The Secondary Treating Physician's report dated November 26, 2012, noted the injured worker walking with a limp, reporting no relief from an epidural steroid injection (ESI). The injured worker's current medications were listed as Cyclobenzaprine and Naproxen. Physical examination was noted to show palpable tenderness over the lumbar paraspinal musculature with bilateral straight leg raise noted at 20 degrees. Sensory deficits were noted at the right L5 and S1 nerve root distributions. The treatment plan was noted to include a recommendation for an anterior interbody fusion, posterior spinal fusion with pedicle screws, a gill laminectomy, and a facetectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: MTUS 2009 states that TENS units should be used as part of a functional restorative approach to treatment and not as a sole modality. This request for a TENS unit is for a post-operative modality and there is no functionally restorative treatment plan associated with the request. This request for a TENS unit does not adhere to MTUS 2009 and is denied.