

Case Number:	CM15-0089436		
Date Assigned:	05/13/2015	Date of Injury:	06/17/2014
Decision Date:	09/14/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/08/2015

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 43 year old male, who sustained an industrial injury on 06-17-2014. He has reported injury to the low back. The diagnoses have included low back pain; L4-L5 minimal annular disc bulge, per MRI of 07-24-2014; disc protrusion annular tear L5-S1, per MRI of 07-24-2014; bilateral wrist sprain, clinically; bilateral upper extremity paresthesias, clinically; and chronic pain syndrome. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Norco, Gabapentin, Soma, and Ibuprofen. A progress note from the treating physician, dated 04-09-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the low back rated as a 7 out of 10 in severity on the subjective pain scale; this is his pain level despite utilizing Norco three times daily, as well as Gabapentin three times daily; he has noticed a corresponding pain and discomfort over the bilateral ankles which he describes as a general ache and pain; he gets this pain primarily at night while he is asleep; his gait has begun to change considerably; he has a pending neurosurgical evaluation; he has utilized the TENS unit over the course of the last month; he does not feel as though he has had significant improvement of his condition while using that device; and he is requesting an extension of that device. Objective findings included there appears to be some edematous process located at the approximate level of T5-T6, which is significantly tender to palpation; he maintains an active forward flexion to 30 degrees, extension to 10 degrees, right lateral flexion to 10 degrees, and left lateral flexion to 15 degrees; he was moderately tender to palpation over the spinous processes of L4-L5; and he walks with a

moderately antalgic gait with the use of a single point cane. The treatment plan has included the request for TENS (transcutaneous electrical nerve stimulation) unit, rental, 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) Unit, rental, 2 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 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 claimant had used it for a month with improvement but the guidelines do not support its use for lumbar disc related symptoms. As a result, the request for 2 more months of TENS is not medically necessary.