

Case Number:	CM13-0058751		
Date Assigned:	12/30/2013	Date of Injury:	03/27/2012
Decision Date:	08/11/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/27/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old male who reported an injury on 03/27/2012. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, left knee internal derangement, and chronic pain. Previous treatments include surgery, medication, and EMG/NCV. Within the clinical note dated 10/29/2013, it was reported the injured worker complained of low back pain. He rated his pain 7/10 in severity. The injured worker described his pain as sore, achy, and deep. The injured worker complained of severe numbness and tingling radiating down his left leg and into his foot. Physical exam was not provided for clinical review. The provider requested a TENS unit for a 30-day trial of home use; however, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The injured worker complained of low back pain. He rated his pain 7/10 in severity. The injured worker described his pain as sore, achy, and deep. He complained of severe numbness and tingling radiating down his leg and foot. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. There is lack of significant objective findings indicating significant deficits upon the physical examination. The request submitted failed to indicate whether the provider requested the TENS unit for rental or for purchase. The request submitted failed to provide a treatment site. Therefore, the request for DME: TENS Unit is not medically necessary.