

Case Number:	CM14-0127176		
Date Assigned:	08/22/2014	Date of Injury:	07/06/2007
Decision Date:	10/16/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family Practice 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:

42 year old male claimant sustained a work injury on 7/6/07 involving the low back and left shoulder. He was diagnosed with multi-level disc herniation, spinal stenosis of L3-L5 , rotator cuff tendonosis and tendonosis of the left biceps tendon. He underwent several epidural steroid injections. His pain had been managed with oral NSAIDs and swimming. A progress note on 6/4/14 indicated the claimant had 8/10 pain. He had been on Naprosyn and previously used a TENS unit which provided him benefit. Since the claimant had moved from his house, he had lost his TENS unit. Exam findings were notable for limited range of motion of the lumbar spine with paravertebral spine tenderness. Straight leg raise tests were positive. Shoulder exam was not performed and a request was made for a TENS unit and he was awaiting decompression surgery. A progress note on 7/2/14 indicated the claimant was using a TENS unit at home had had improved his symptoms 50%. A subsequent request was made for a TENS unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS Unit- Low Back ,Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit 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 was not specified and a purchase is not recommended by the guidelines. The request for a TENS unit purchase is not medically necessary.