

Case Number:	CM14-0141732		
Date Assigned:	09/10/2014	Date of Injury:	01/10/2010
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57-year-old male was reportedly injured on 1/10/2010. The claimant underwent a laminectomy at L4-L5 over a year ago. The most recent progress note, dated 7/8/2014, indicated that there were ongoing complaints of neck and low back pains. Physical examination demonstrated limited cervical range of motion, limited/painful lumbar spine range motion, positive lumbar pain, tight muscles, spasm and trigger points and sensory loss in the lower extremities. MRI lumbar spine, dated 4/7/2014, demonstrated postsurgical changes at L5 and S1, central focal disk protrusions that were about the thecal sac at L1-L2 and L3-L4, broad-based disk protrusions, facet hypertrophy, spinal canal and neuroforaminal narrowing at L4-L5 and L5-LS1. Previous treatment included lumbar laminectomy and medications. A request had been made for TENS unit, which was not certified in the utilization review on 8/11/2014.

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 Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: MTUS treatment guidelines recommends against using a TENS unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, physical therapy and the TENS unit is helping significantly, however, there is no documentation of a full one-month trial. The MTUS requires that an appropriate one-month trial should include documentation of how often the unit was used and the outcomes in terms of pain relief/reduction and improvement in function. Review of the available medical records fails to document a required one-month TENS trial. As such, this request of TENS unit is not considered medically necessary.