MAXIMUS Federal Services

Case Number:	CM14-0144674		
Date Assigned:	09/12/2014	Date of Injury:	04/22/2006
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 Geriatrics and is licensed to practice in New York. 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 63 year old man with a date of injury of4/22/06. He is status post lumbar fusion surgery in 11/08 of L3-4, L4-5 and L5-S1. He was seen by his provider on 8/4/14 with complaints of low back pain. His medications included Ambien, Atorvastatin, Hydrocodone/ APAP and Carisoprodol. His exam showed a slow and guarded gait. He had reduced range of motion and pain with movement. His motor strength in his lower extremities was 5 and he had negative straight leg raises. He had tenderness in the lumbosacral midline and no spasms. At issue in this review is the request for a TENs unit for long term home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Transcutaneous Electrical Stimulation UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113-117.

Decision rationale: 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, if used as an adjunct to a program of evidence-based functional restoration. In this injured worker,

other treatment modalities are not documented to have been trialed and not successful. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. His exam shows limited range of motion and pain addressed with medications. Therefore, this request is not medically necessary.