

Case Number:	CM14-0162450		
Date Assigned:	10/14/2014	Date of Injury:	03/18/2014
Decision Date:	11/14/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/02/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 39 year-old male. The patient's date of injury is 3/18/2014. The mechanism of injury was carrying some burlap bags as a gardener with him experiencing some pain in the low back. The patient has been diagnosed with lumbar radiculopathy, herniated nucleus pulposus of lumbar spine, and sprain and strain of lumbosacral spine. The patient's treatments have included work restrictions, imaging studies, and medications. The physical exam findings dated July 17, 2014 shows a standing Kemp's test on the right and the left as positive, with a positive straight leg raise test. The motor strength is reported as 5/5 and the neurological exam is reported at +2 bilaterally. The patient's medications have included, but are not limited to, Skelaxin, Meloxicam, and Tramadol. The request is for TENS units.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 113-115.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and CRPS, phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. The clinical documents lack documentation of neuropathy, and the neurological exam is reported as normal. According to the clinical documentation provided and current MTUS guidelines; A TENS unit is not indicated as a medical necessity to the patient at this time.