

Case Number:	CM14-0185234		
Date Assigned:	11/13/2014	Date of Injury:	12/11/2012
Decision Date:	12/16/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/06/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 female presenting with a work-related injury on December 11, 2012. On May 27 2014 the patient complained of numbness and pain in the left leg. The patient reported that the pain was exacerbated by recent Electrodiagnostic study. The patient rated the pain as 3 to 6/10. The physical exam was significant for active range of motion were stiff and painful, lumbar flexion is 50/90 and extension is 20/30, straight leg raise test was positive for low back pain at 50, this test is positive for low back pain, cervical flexion is 50/60 and extension is 45/50, so called produces pain and lower cervical region, muscle guarding noted upon palpation, and sensory examination to light touch with objective decreased in the lateral aspect of the left leg. The patient was diagnosed with L4/5 millimeters disc herniation per MRI, L5/S1 6 mm disc herniation per MRI, possible lumbar radiculopathy, lumbosacral sprain/strain injury, cervical sprain/strain injury, thoracic sprain/strain injury, and myalgia/myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of TENS unit for one month with option to purchase: Upheld

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

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

Decision rationale: Trial of TENS unit for one month with option to purchase is not medically necessary. Page 114 of MTUS states that a one month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. Per MTUS, TENS unit is not medically necessary as solo therapy.