

Case Number:	CM15-0001176		
Date Assigned:	01/22/2015	Date of Injury:	08/07/2014
Decision Date:	03/12/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 48 year old male injured worker suffered and industrial injury on 8/7/2014. The diagnoses were lumbar sprain/strain radiating to both lower extremities, rule out herniated disc. The treatments were acupuncture and medications. The treating provider reported spasticity over the paralumbar muscularity and tenderness on palpation, range of motion deficit, positive leg raise. The injured worker reported 8/10 pain radiating to the lower legs. The Utilization Review Determination on 12/16/2014 non-certified TENS unit, citing MTUS Chronic Pain Treatment Guidelines.

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 TENS Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The patient has low back pain. MTUS ACOEM Chapter 12 Low Back Complaints, page 300 notes that a TENS unit has no proven efficacy for the treatment of back pain. MTUS Chronic pain, under Transcutaneous Electrotherapy, TENS unit notes that this is not a primary recommended treatment. Results of studies of the efficacy of TENS units are inconclusive. The TENS unit is not medically necessary for this patient.