

Case Number:	CM15-0018985		
Date Assigned:	02/06/2015	Date of Injury:	10/19/2013
Decision Date:	03/31/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/02/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50 year old male who sustained an industrial injury on 10/19/13 resulting in back and leg pain. Currently he is experiencing low back pain with radiation to both legs. He has sleep disturbances due to pain issues. Medications are Norco and trial of Flexaril. Treatments included lumbar epidural steroid injection with sciatica improvement. Diagnostics include electromyography/ nerve conduction study (11/3/14) noting lumbosacral radiculopathy; MRI indicating disk bulge/ protrusion at L5-S1 with facet arthropathy at L4-5 and L5-S1 bilaterally. Progress note dated 11/3/14 that the treating provider is recommending further conservative treatment and transcutaneous electrical nerve stimulator unit is supported by MTUS. On 1/5/15 Utilization review non-certified the request for transcutaneous electrical nerve stimulator unit, 2 month rental for the lumbar spine citing MTUS: Chronic Pain Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit 2 month rental for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation BlueCross BlueShield

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of his pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit 2 month rental for lumbar spine is not medically necessary.