

Case Number:	CM15-0019191		
Date Assigned:	02/09/2015	Date of Injury:	08/16/2014
Decision Date:	03/31/2015	UR Denial Date:	12/24/2014
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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old male who reported an injury on 08/16/2014. The mechanism of injury was not stated. The current diagnoses include lumbar pain, lumbar radiculopathy, lumbar strain, and status post lumbar spine surgery. The injured worker presented on 12/15/2014 for a followup evaluation. The injured worker reported constant moderate low back pain rated 4/10 with activity limitation. Upon examination, there was tenderness to palpation with limited flexion at 20 degrees and limited extension at 5 degrees. Lateral bending was noted at 10 degrees. There was muscle spasm in the lumbar paravertebral muscles, positive Kemp's sign, and positive straight leg raise bilaterally. Recommendations included discontinuation of physical therapy, a referral to a medication management physician, an x-ray of the lumbar spine, a referral to an internal medicine consultation, a referral to an orthopedic consultation, and a TENS/EMS unit. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase for the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG): TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) and BlueCross BlueShield, 2007, TENS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. In this case, it was noted that the injured worker had participated in physical therapy. However, there was no evidence that other appropriate pain modalities including medication had failed. A 1 month trial was not documented prior to the request for a unit purchase. Given the above, the request is not medically appropriate.