

Case Number:	CM15-0112671		
Date Assigned:	06/19/2015	Date of Injury:	04/13/1999
Decision Date:	07/21/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/11/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female injured worker suffered an industrial injury on 04/13/1999. The diagnoses included chronic lumbosacral strain with degenerative changed and right radiculitis. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with acupuncture and medications. On 4/29/2015 the treating provider reported low back pain rated 5 to 6/10 radiating to the right leg with tingling and numbness. There was occasional let lateral thigh tingling and numbness. He used a cane for mobility. On exam the lumbosacral spine was tender with reduced range of motion. The treatment plan included TENS unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit with HAN and 12 months supplies (8 pairs of electrodes per month and 6 AAA batteries per month) as related to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. Purchase of a TENS unit is not medically necessary. Transcutaneous electrical nerve stimulation (TENS) unit with HAN and 12 months supplies (8 pairs of electrodes per month and 6 AAA batteries per month) as related to the lumbar spine is not medically necessary.