

Case Number:	CM15-0116080		
Date Assigned:	06/24/2015	Date of Injury:	03/21/2015
Decision Date:	07/24/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/16/2015

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:

This 45 year old man sustained an industrial injury on 3/21/2015 after falling to the ground while standing. Evaluations include undated lumbar spine x-rays. Diagnoses include lumbar spine sprain/strain with probable associated discopathy and lumbosacral radiculopathy. Treatment has included oral medications and physical therapy. Physician notes dated 4/7/2015 show complaints of low back pain with radiation to the right hip and leg. Recommendations include chiropractic physiotherapy, TENS unit for home use, lumbar spine MRI, and all medical records be sent for evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro TENS Unit for The Lumbar (Rental x 6 Months) DOS 4/7/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: Due to the scientific uncertainty that these devices are beneficial, the MTUS Guidelines have very specific criteria to justify long term (greater than 4 weeks) use. These criteria include an initial 30 day home trial and only if this trial results in clear benefits is longer term use recommended. The necessary benefits include significant pain relief as evidenced by improved function and impact on other treatments (i.e. diminished medication needs). The Guideline criteria have not been met and under these circumstances, the Guidelines do not support the Retro TENS Unit for The Lumbar (Rental x 6 Months) DOS 4/7/15. It is/was not medically necessary.