

Case Number:	CM15-0119119		
Date Assigned:	06/29/2015	Date of Injury:	03/08/2012
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male who sustained an industrial injury on 03/08/12. Initial complaints and diagnoses are not available. Treatments to date include back surgery and home exercise program. Diagnostic studies include MRI of the entire spine, x-rays of the lumbar, cervical and thoracic spine, and an abdominal ultrasound. Current complaints include lower back pain with radicular symptoms and right foot drop. Current diagnoses include cauda equine injury and lumbar disc displacement. In a progress note dated 05/06/15 the treating provider reports the plan of care as a TENS unit 30 day trial. The requested treatments includes a TENS unit 30 day trial.

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 trial (30 days): Upheld

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

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

Decision rationale: The claimant sustained a work injury in May 2012 and continues to be treated for radiating low back pain. When seen, he was walking two times per day. Return to work was being considered. He was not taking any medications. A 30-day trial of TENS was requested for lower extremity numbness and tingling. Guidelines recommend consideration of a one-month trial of TENS for the treatment of chronic pain. In this case, the unit is being requested for the treatment of lower extremity numbness and tingling. The request, therefore, is not medically necessary.