

Case Number:	CM15-0119659		
Date Assigned:	06/30/2015	Date of Injury:	07/31/2014
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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 35 year old male, who sustained an industrial injury on 7/31/2014. He reported the gradual progression of pain for many years, worsening in recent months. The injured worker was diagnosed as having lumbar intervertebral disc displacement without myelopathy. Treatment to date has included diagnostics, physical therapy, modified work, epidural steroid injections, and medications. Currently, the injured worker complains of continued intermittent pain about his low back with radicular symptoms into his right leg. He recently completed a course of physical therapy with overall improvement in his condition. He reported that the electrical stimulation would significantly reduce his pain and spasm when undergoing a flare-up. It was documented that he was presently authorized for more vigorous type physical therapy. The treatment plan included a transcutaneous electrical nerve stimulation unit for as needed use, during times of increased pain. His current work status was not documented. The previous progress report noted that he was able to continue working with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114.

Decision rationale: The claimant sustained a work-related injury in July 2014 and continues to be treated for low back pain with lower extremity radicular symptoms due to spondylolisthesis. When seen, there had been significant improvement with electric stimulation during therapy treatments. More vigorous physical therapy was pending. There was decreased and painful lumbar spine range of motion with tenderness. There was buttock pain with straight leg raising. A home TENS unit was requested. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Purchasing a TENS unit was not medically necessary.