

Case Number:	CM15-0123769		
Date Assigned:	07/08/2015	Date of Injury:	02/16/2005
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 42 year old male, who sustained an industrial injury on 02/16/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post removal of posterior hardware and revision decompression, status post lumbar four to lumbar five laminectomy/discectomy, degenerative disc disease at lumbar five to sacral one with persistent low back pain, left lower extremity radiculopathy, status post lumbar fusion, and right greater than the left knee pain secondary to altered gait. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, physical therapy, acupuncture, above noted procedures, use of H-wave unit, and cortisone injections to the bilateral knees. In a progress note dated 06/01/2015 the treating physician reports complaints of burning, electrical type of pain to the low back that radiates to the right lower extremity and to the posterolateral aspect of the left leg. Examination reveals a decrease reflex in the Achilles reflex on the left, hypesthesia to the left lumbar five dermatome, decrease strength to the left peroneus longus/brevis and the left extensor hallucis longus, positive straight leg raise on the right, decreased range of motion to the lumbar spine, and tenderness to the bilateral paraspinal muscles from lumbar three to sacral one with spasms. The injured worker's pain level was rated a 5 to 7 out of 10 with the use of his medication regimen and a 10 out of 10 without use of his medication regimen. The treating physician noted that the H-wave unit has assisted with the injured worker's symptoms, but the injured worker indicates that this unit is bulky and due to this reason he is unable to take the device to work. The treating physician requested a 30-day trial of a transcutaneous electrical

nerve stimulation unit as requested by the injured worker to be used while the injured worker is at work with flare-up of symptoms. The treating physician also noted that use of a transcutaneous electrical nerve stimulation unit may allow the injured worker to decrease the amount of oral medications that he is currently taking.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit (30 day trial): Upheld

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

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

Decision rationale: This 42 year old male has complained of knee pain and low back pain since date of injury 2/16/05. He has been treated with physical therapy, acupuncture, steroid injections, medications and H wave device. The current request is for a TENS unit trial. The available medical records document that the patient has had recent success with H wave stimulation. The records do not document a clear provider rationale for a TENS unit trial in addition to H wave stimulation. On the basis of the available medical records and per the MTUS guidelines cited above, TENS unit trial is not medically necessary.