

Case Number:	CM15-0163815		
Date Assigned:	09/28/2015	Date of Injury:	03/09/2007
Decision Date:	11/03/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 injured worker is a 49 year old male, who sustained an industrial injury on 03-09-2007. The injured worker was diagnosed as having lumbar radiculopathy, post lumbar laminectomy syndrome, low back pain, hip bursitis and pain in joint lower leg. On medical records dated 07-02-2015, the subjective complaints were noted as having back pain radiating from low back left leg. Pain was noted to have increased, and pain was rated with medication as 3 out of 10 and without medication an 8 out of 10. Objective findings were noted as thoracic spine straightening of the spine with loss of normal curvature and paravertebral muscles spasms, tenderness and tight muscle band on the right side and lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine and surgical scar, range of motion was restricted with flexion limited. On palpation the lumbar paravertebral muscles, spasms, tenderness and trigger points were noted on the left side. Lumbar facet loading was positive on both sides, straight leg raise was positive on the left side and tenderness over the trochanter was noted. Treatments to date included: acupuncture, TENS unit, spinal cord stimulator implantation, epidural steroid injections and medication. The injured worker was noted to be permanent and stationary. The Utilization Review (UR) was dated 07-22-2015. The UR submitted for this medical review indicated that the request for TENS (transcutaneous electrical nerve stimulation) (indefinite use) #1 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) (indefinite use) qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant has already used a TENS for over a month. Indefinite use is not supported by the guidelines. The request for a TENS unit purchase is not medically necessary.