

Case Number:	CM15-0039328		
Date Assigned:	03/09/2015	Date of Injury:	04/28/2011
Decision Date:	04/20/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 55 year old female, who sustained a work related injury on 4/28/11. She was lifting a client's foot out of the shower, twisted around and hurt her back. The diagnoses have included lumbar sprain, lumbosacral neuritis and lumbar disc displacement. Treatments to date have included TENS unit therapy, epidural steroid injections in the lumbar spine, facet block injections, lumbar percutaneous radiofrequency ablation dorsal root of right L5 and S1, MRIs of lumbar spine dated 6/25/09, 12/18/11, 9/25/13 and 12/20/14 and CT scan of lumbar spine dated 12/19/14. In the PR-2 dated 2/5/15, the injured worker complains of ongoing pain and stiffness. She has tenderness in cervical and lumbar regions. The treatment plan is awaiting authorization for lumbar surgery and a request for TENS unit electrodes. In a Neurosurgical Reevaluation Report dated 1/16/15, the injured worker complains of persistent, severe pain and stiffness in lumbar spine radiating down legs, right worse than left, with numbness, tingling and weakness in the legs. She has tenderness to touch and spasm in lumbar spine region. Her range of motion in the lower back is limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes per pair, 3 months supply (18 pair) for TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation Page(s): 114 - 115.

Decision rationale: The progress note dated February 5, 2015 makes a request for additional electrodes for the usage of a TENS unit however it is not documented what efficacy this unit has provided for the injured employee. Additionally, the neurosurgery evaluation dated January 16, 2015, which provides a thorough review of the injured employee's history, current complaints, and treatment recommendations, also does not comment on the efficacy or even usage of a tens unit. Without documentation of any benefit to justify the continued usage of a TENS unit, this request for additional electrodes is not medically necessary.