

Case Number:	CM15-0043338		
Date Assigned:	03/13/2015	Date of Injury:	10/23/2013
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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 29 year old male, who sustained an industrial injury on 10/23/13. He reported low back pain. The injured worker was diagnosed as having lumbar intervertebral disc disorder with myelopathy, late effects of lumbo-sacral sprain and lumbo sacral sprain. Treatment to date has included L4-5 laminectomy with disc excision, physical therapy and oral medications. Currently, the injured worker complains of persistent low back pain. The injured worker is receiving physical therapy and currently has palpable tenderness of the cervico-thoracic paraspinal musculature, limited and painful cervical spine range of motion and limited and painful lumbo-sacral range of motion. The treatment plan is for IF/TENS unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF (Interferential)/ TENS (transcutaneous electrical nerve stimulation) home unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

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

Decision rationale: It is unclear why there is request for the usage of both an RIF stimulator as well as a tens unit at the same time. The MTUS guidelines recommends continuous usage of a tens unit if there has been a successful one-month trial. The attached medical record to include the note dated January 21, 2015, which makes this request, does not indicate that there has been a one-month trial completed. Considering the concurrent request of two devices and lack of previous efficacy demonstrated by the use of a TENS unit, this request is not medically necessary.