

Case Number:	CM15-0062972		
Date Assigned:	04/08/2015	Date of Injury:	06/11/2012
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/02/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 32-year-old male, who sustained an industrial injury on 6/11/2012. He reported a repetitive type injury to the right leg and low back. Diagnoses include lumbosacral sprain/strain, degenerative lumbar disc disease, and chronic pain syndrome. Treatments to date include and cognitive rest, TENS, behavioral therapy. Currently, he complained of low back pain with radiation to right lower extremity rated 6-9/10 VAS. On 3/4/15, the physical examination documented muscle spasms in lower lumbar muscles with pain in the spinous processes and tailbone pain. There was decreased sensation noted in the right thigh down through the knee. The plan of care included continuation of medication therapy and purchase of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS (chronic pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about how often the unit was used and how TENS will improve the functional status and the patient's pain condition. In addition, there is no evidence of a decrease in medication use with previous use of TENS. Therefore, the prescription of TENS unit (purchase) is not medically necessary.