

Case Number:	CM15-0071861		
Date Assigned:	04/22/2015	Date of Injury:	09/16/2013
Decision Date:	06/10/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/15/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on 9/16/13. The injured worker has complaints of low back pain. The diagnoses have included chronic low back and right lower extremity pain; Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine; physical therapy; lumbar epidural injections; ibuprofen; hip X-rays and a transcutaneous electrical nerve stimulation unit borrowed from a friend was quite helpful. The request was for transforaminal epidural steroid injection right L4-L5 and transcutaneous electrical nerve stimulation unit month trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit month trial: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 9/16/13 . The medical records provided indicate the diagnosis of chronic low back and right lower extremity pain. Treatments have included physical therapy; lumbar epidural injections; ibuprofen; hip X-rays and a transcutaneous electrical nerve stimulation unit. The medical records provided for review do not indicate a medical necessity for TENS unit month trial. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of short and long term goals, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. The medical records do not indicate the injured worker is currently engaged in a functional restoration program, neither was there a documentation of the short and long term goals of treatment. This request is not medically necessary.