

Case Number:	CM15-0092223		
Date Assigned:	05/18/2015	Date of Injury:	01/23/2007
Decision Date:	06/17/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

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, Alabama, 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 was a 47 year old male, who sustained an industrial injury, April 7, 2007. The injured worker previously received the following treatments lumbar interbody fusion of L4-S1, EMG/NCS (electrodiagnostic studies and nerve conduction studies). The injured worker was diagnosed with lumbago, L4-S1 lumbar spondylosis with instability, L4-S1 junctional kyphotic deformity and posterior lumbar interbody fusion of L4-S1 on September 12, 2014. According to progress note of April 23, 2015, the injured workers chief complaint was low back pain which was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks. The pain was characterized as dull. There was radiation of pain into the lower extremities. The injured worker rated the pain 4 out of 10. The injured worker was complaining of difficulty sleeping and residual hardware pain with lumbar spine stiffness. The physical exam noted tenderness with palpation of the paraspinal muscles with spasms. The seated nerve test was negative. The standing flexion and extension were guarded and restricted. There was normal sensation and strength of the lower extremities. The treatment plan included a purchase of a TENS (transcutaneous electrical nerve stimulator) 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 TENS Page(s): 116.

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

Decision rationale: According to MUTUS 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 evidence of neuropathic pain. Therefore, the prescription of Tens Unit, Purchase is not medically necessary.