

Case Number:	CM13-0052571		
Date Assigned:	12/30/2013	Date of Injury:	11/03/2011
Decision Date:	10/17/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/15/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 application for independent medical review was dated November 15, 2013. This was for DME of a lumbar support and DME for a TENS unit for leads with three months supplies including electrodes and batteries. The prescription was from July 31, 2013. There was an outcome letter from October 18, 2013. The diagnoses were sacroiliitis, thoracic and lumbosacral neuritis, sprain strains of the lumbar. The patient is a 48-year-old man with injury to multiple body areas resulting out of a work injury. The diagnosis in this case was cervical sprain strain, multiple cervical disc herniation, cervical neuritis of both upper extremities, cervical radiculitis and radiculopathy, lumbar sprain strain, lumbar paraspinal muscle spasm, multiple lumbar disc herniations, range of motion of the lumbar spine and lumbar radiculitis radiculopathy. The patient previously had epidurals. The patient continues to have persistent pain, which is difficult to control with conservative care measures including therapy. As of July 31, 2013, the pain in the low back and it is worsening, and there is spasm. Authorization has been requested for cold therapy unit, TENS unit with supplies and a lumbar back brace for his lifting injuries to the neck and the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT, FOUR LEAD DIGITAL, THREE MONTH RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

Decision rationale: The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain, Phantom limb pain and CRPS, spasticity, or Multiple sclerosis (MS). The records provided do not indicate that the injured worker had these conditions. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. There was no evidence of such in these records. Therefore, the request is not medically necessary.