

Case Number:	CM15-0000765		
Date Assigned:	01/12/2015	Date of Injury:	12/16/2012
Decision Date:	03/09/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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 29 year old female, who sustained an industrial injury on December 16, 2012. She has reported back pain after lifting a 5 gallon paint container. The diagnoses have included chronic low back pain, chronic lumbar pain. Treatments have included physical therapy, electrodiagnostic studies, injections, transcutaneous electrical nerve stimulation unit, and pain medications. A magnetic resonance imaging on September 16, 2014, revealed disc bulges. Currently, the injured worker complains of back and leg pain. She has been diagnosed of lumbar spine radiculopathy, and lumbar spine degeneration. Physical examination on October 3, 2014, revealed paraspinal spasm, trigger points bilaterally at sciatic area, iliac crest, and lumbar paraspinals. On December 15, 2014, Utilization Review non-certified the request for twenty four (24) packages of electrodes, and twenty four (24) batteries, based on MTUS, Chronic Pain Medical Treatment guidelines. On December 28, 2014, the injured worker submitted an application for IMR for review of twenty four (24) packages of electrodes, and twenty four (24) batteries. The primary diagnosis on the application was listed as major depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes (24 packages) (6 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The injured worker sustained a work related injury on December 16, 2012. The medical records provided indicate the diagnosis of chronic low back pain, chronic lumbar pain. Treatments have included physical therapy, injections, transcutaneous electrical nerve stimulation unit, and pain medications. The medical records provided for review do not indicate a medical necessity for Electrodes (24 packages) (6 months). The MTUS does not recommend TENS unit as a primary treatment modality; but recommends a one-month home-based trial as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and Complex Regional Pain Syndrome II, phantom limb pain; and Spasticity. The Criteria for its use include: documentation of pain of at least three months duration; evidence that other appropriate pain modalities have been tried (including medication) and failed; one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach). There must be a documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period including medication usage. There must be a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The requested treatment is not medically necessary and appropriate because the documents do not indicate it would be used as an adjunct to a functional restoration program, neither did it provide the recommended information in a request.