

Case Number:	CM15-0002352		
Date Assigned:	01/13/2015	Date of Injury:	01/07/2013
Decision Date:	03/26/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Illinois
 Certification(s)/Specialty: Internal 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 37-year-old male who reported an injury on 01/07/2013. The mechanism of injury was not included. His diagnoses included low back pain, lumbar myofascial pain. Past treatments have included TENS unit, and pain medication. Diagnostic studies included an MRI performed on 05/20/2014 that indicated left paracentral disc protrusion at L5-S1 with mild narrowing of the left foramen. His surgical history was not included. The progress report dated 12/02/2014 documented the injured worker had complaints of pain including low back pain and pain radiating down his legs. Physical exam findings included no significant tenderness noted on palpation of the low back. Limited range of motion with increased pain, more with extension of about 10 degrees. Flexion appears to be about 45 degrees without significant pain. His medications included Norco 10/325 mg, tizanidine 4 mg. His treatment plan included continuing pain medication, urine drug screen, and followup in a month. The rationale for the request included assisting pain control. The Request for Authorization form is signed and dated 01/05/2015 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 2 Sets of TENS Unit Pads, 4 Pads each: Upheld

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

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

Decision rationale: The request for retro 2 sets of TENS unit pads, 4 pads each is not medically necessary. The progress report dated 12/02/2014 documented the injured worker stated the TENS unit helped him quite a bit. The California MTUS Guidelines state that TENS unit for chronic pain is not recommended as a primary treatment modality, but a 1 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. There was a lack of documentation regarding an independent active exercise program such as a home exercise program to use with this treatment device. The guidelines indicate the TENS unit cannot be a standalone option, it should be used as an adjunct to a program of evidence based functional restoration. Therefore, the request for retro 2 sets of TENS unit pads, 4 pads each is not medically necessary.