MAXIMUS Federal Services

Case Number:	CM15-0002695		
Date Assigned:	01/13/2015	Date of Injury:	11/03/1993
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old female who reported an injury on 11/31/1983. On 02/02/2014, she presented for a followup evaluation regarding her work related injury. She reported ongoing lower back pain and bilateral hip pain. she was taking Nucynta IR for breakthrough pain but stated that she would like to try an alternative method of reducing her pain, such as a TENS unit. Her medications included Buspar, lactulose, lorazepam, Lidoderm 5% patch, Avinza, Soma, Nucynta, temazepam, and Restoril. A physical examination showed tenderness at the lumbar spine and at the facet joints, and crepitus with decreased flexion, extension, lateral bending, and rotation. There was tenderness at the left on palpation of the joint line and on the right joint line. Range of motion was noted to be decreased bilaterally in flexion and extension, and was associated with crepitus. She was diagnosed with lumbago, low back pain, sciatica, postlaminectomy syndrome of the lumbar spine, neurologic and neuritis unspecified, and myofascial pain syndrome/fibromyalgia. The treatment plan was for a TENS unit with garment belt. The Request for Authorization form was signed on 12/17/2014. The rationale for treatment was to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit with garment belt: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend form fitting TENS devices when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment. TENS units are also recommended in conjunction with ongoing treatment modalities with a functional restoration approach and only after failure of other appropriate pain modalities. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there was a lack of documentation showing that she had tried and failed all recommended conservative treatment options to support the request for a form fitting TENS device. In addition, there was a lack of evidence showing that she would be using the TENS unit as an adjunct to ongoing treatment modalities with a functional restoration approach. Furthermore, documentation for the medical necessity of a form fitting TENS devices was not clearly documented. Given the above, the request is not medically necessary.