

Case Number:	CM15-0008362		
Date Assigned:	01/23/2015	Date of Injury:	06/11/1993
Decision Date:	03/19/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/14/2015

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

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 60 year old male injured worker suffered and industrial injury on 6/11/1993. The diagnoses were spinal stenosis, cervical degenerative disc disease, facet hypertrophy of the lumbar spine. The treatments were physical therapy and medications. The treating provider reported 5 to 6/10 back pain, an otherwise unremarkable exam. The Utilization Review Determination on 12/9/2014 non-certified TENS unit for the lumbar spine, citing MTUS Chronic Pain Treatment Guidelines, TENS, Blue Cross/Blue Shield, Medicare, Veterans Administration and European Federation of Neurological Societies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for the lumbar spine (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation BlueCross BlueShield : TENS

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

Decision rationale: This patient presents with back pain. The treater has asked for TENS UNIT FOR THE LUMBAR SPINE-PURCHASE but the requesting progress report is not included in the provided documentation. Review of the records show that the patient has not yet had a month-long trial of a TENS unit. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, patient does not present with a diagnosis that MTUS indicates for use of TENS unit. In addition, review of the records indicate patient has not yet had a month-long trial of TENS unit, and this request is for a purchase. The request IS NOT medically necessary.