

Case Number:	CM15-0008769		
Date Assigned:	01/30/2015	Date of Injury:	11/21/2012
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/15/2015

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: District of Columbia, Virginia
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 35 year old female, who sustained an industrial injury on November 21, 2012. She has reported lower back pain and left sciatica. The diagnoses have included lumbar spine strain and lumbar disc protrusion. Treatment to date has included medications and imaging studies. A progress note dated September 8, 2014 indicates a chief complaint of continued lower back pain and left sciatica. Physical examination showed decreased range of motion of the lumbar spine. The treating physician is retrospectively requesting approval for two transcutaneous electrical nerve stimulation unit electrodes. On January 2, 2015 Utilization Review denied the request for the transcutaneous electrical nerve stimulation unit electrodes citing the MTUS chronic pain medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro request) DOS 10/22/14 TENS electrodes x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 115-117.

Decision rationale: Per MTUS, TENS unit would not be indicated until other treatment modalities have been attempted and a month trial of TENS unit had been tried. Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy).