

Case Number:	CM15-0100002		
Date Assigned:	06/02/2015	Date of Injury:	01/30/2014
Decision Date:	11/25/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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: Pennsylvania, Ohio, 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 injured worker is a 47 year old female, who sustained an industrial injury on 1-30-2014. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, facetar pain, and sacroiliitis. Treatment to date has included diagnostics, physical therapy, and medications. On 4-01-2015, the injured worker complains of persistent low back and neck pain problems. Low back pain was rated 8 out of 10 and was associated with stabbing pain in the left leg. She was authorized for x-ray of the cervical spine and sacroiliac joint injection. She reported that "she tried tens unit which helps" and she wanted to pursue purchase for home use on an as needed basis. The use of the transcutaneous electrical nerve stimulation unit was not specified. Function with activities of daily living was not described. She was unable to use oral anti-inflammatory medications and reposted a history of gastrointestinal bleeding. Physical exam noted spasms in the lumbar paraspinal muscles, stiffness in the lumbar spine, tenderness in the left posterior superior iliac spine, and positive Patrick test and spring test on the left. She was prescribed Tramadol, Omeprazole, and Nortriptyline. Her work status was modified. Per the Request for Authorization dated 4-24-2015, the treatment plan included transcutaneous electrical nerve stimulation unit patches for home use with supplies for 6-12 months, non-certified by Utilization Review on 4-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit patches for home use with supplies for 6-12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records at this time do not document a neuropathic TENS diagnosis for which TENS would be indicated, nor do the records document an alternate rationale for this request. Therefore a TENS unit and associated supplies are not medically necessary.