

Case Number:	CM15-0102666		
Date Assigned:	06/05/2015	Date of Injury:	12/10/2003
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on 12/10/2003. Diagnoses include orthopedic low back pain status post low back surgery (2006), status post left knee surgery (2005), chronic pain since injury (2003) with radiation, increased blood pressure, increased weight and slightly abnormal liver function studies. Treatment to date has included medications including MS Contin, Norco, Soma and Zantac. Per the Primary Treating Physician's Progress Report dated 3/31/2015, the injured worker reported pain in the low back and right knee. Physical examination revealed decreased range of motion of the right knee and lumbar spine and there was tenderness. The plan of care included continuation with pain management and diagnostics. Per the Pain Management Report dated 4/01/2015, he reported severe low back pain with radiation to the feet. Objective findings included slow antalgic gait with a tender lumbar spine and atrophy of the left leg. There was a positive straight leg raise on the left at 30 degrees. EMG (electromyography /NCV (nerve conduction studies) were read by the evaluating provider as positive left S1 radiculopathy. Computed tomography (CT) scan of the lumbar spine was read as L4-5 screws impinge upon S1 nerve root with positive foraminal stenosis. Authorization was requested for supplies for a transcutaneous electrical nerve stimulation (TENS) unit system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supplies for stimulator system: Electrodes, batteries, removers, lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

Decision rationale: CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain with documentation of pain of at least three months duration, 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. In this case, the medical record documents that the claimant has a TENS unit but does not document any pain relief or improved function with its previous use. The record documents pain reduction from his medication use but contains no information about response to TENS use nor does it contain information outlining short or long term goals from TENS use. As such, support for ongoing use of TENS unit is not available and TENS unit supplies are not medically necessary.