

Case Number:	CM15-0105843		
Date Assigned:	06/10/2015	Date of Injury:	07/25/2011
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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: Arizona, California
 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:

This is a 46 year old female with a July 25, 2011 date of injury. A progress note dated May 12, 2015 documents subjective findings (chronic lower back pain and bilateral lower extremity pain; bilateral hip pain; bilateral knee pain; sleep difficulties), objective findings (palpable taut bands in the area of the pain; appear to have soft tissue dysfunction and spasm in the lumbar paraspinal region; straight leg raise of the affecter side reproduces the radicular symptoms; pain with lateral rotation and extension of the spine; compromised coordination; abnormal Romberg test), and current diagnoses (lumbosacral spondylosis without myelopathy; myalgia and myositis; chronic pain syndrome, lumbar disc displacement; sleep disturbance). Treatments to date have included lumbar epidural steroid injection (60% relief but pain is returning), acupuncture (50% relief), medications, and a transcutaneous electrical nerve stimulator unit. The medical record identifies that medications help control the pain. The treating physician requested authorization for batteries, lead wires, and electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 AAA batteries (18), between 5/19/15 and 7/3/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of prior use was not specified. The response to other modalities including TESI and acupuncture was substantial. The response to TENS was not specified. Prolonged and an additional 2 months of a TENS unit is not justified and the request for TENS batteries for the unit is not medically necessary.

3 Month supply, Leadwires (2 pairs), between 5/19/15 and 7/3/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of prior use was not specified. The response to other modalities including TESI and acupuncture was substantial. The response to TENS was not specified. Prolonged and an additional 2 months of a TENS unit is not justified and the request for TENS leadwires for the unit is not medically necessary.

3 Month supply, Electrodes 24 pairs, between 5/19/15 and 7/3/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): s 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of prior use was not specified. The response to other modalities including TESI and acupuncture was substantial. The response to TENS was not specified. Prolonged and an additional 2 months of a TENS unit is not justified and the request for TENS electrodes are not medically necessary.