

Case Number:	CM15-0106502		
Date Assigned:	06/15/2015	Date of Injury:	03/19/2001
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/03/2015

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 injured worker is a 63 year old male, who sustained an industrial injury on March 19, 2001. The injured worker was diagnosed as having sciatica. Treatment to date has included TENS and medication. Currently, the injured worker complains of ongoing low back pain with stiffness and weakness. The Treating Physician's note dated April 17, 2015, noted the injured worker reported a TENS unit used previously had been very helpful. The treatment plan was noted to include a request for a TENS unit that the injured worker can use at home and a refill of the injured worker's medications.

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 for purchase #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 114-116.

Decision rationale: Based on the 04/17/15 progress report provided by treating physician, the patient presents with low back pain with weakness and stiffness. The request is for TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT FOR PURCHASE #1. RFA with the request was not provided. No diagnosis, nor physical examination findings noted in any of provided reports. Patient's medications include Motrin and Tylenol #3, per 04/01/14 report. The patient remains permanent and stationary, per 04/17/15 report. Treatment reports dated 05/07/13, 04/01/14 and 04/17/15. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." Per 04/17/15 report, treater states the patient "previously found the TENS unit was very helpful. We are going to ask for a TENS unit that the patient can use at home." However, MTUS requires documentation of one month prior to dispensing home units. Furthermore, the patient does not present with a diagnosis indicated for the use of TENS. MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. This patient presents with back musculoskeletal pain. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.