

Case Number:	CM15-0108234		
Date Assigned:	06/12/2015	Date of Injury:	11/02/1998
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/04/2015

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, Indiana, New York
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 39 year old male, who sustained an industrial injury on 11/2/98. The injured worker was diagnosed as having disc bulge with herniation, disc degeneration, status post arthrodesis and lumbar instability. Treatment to date has included oral medications including Norco, Zantac and Naproxen, lumbar brace and activity restrictions. Currently, the injured worker complains of constant slight to intermittent moderate and occasionally severe pain across low back increasing during cold weather, with radiation down lower extremities with numbness and tingling in feet and stiffness, tightness and occasional spasm of low back; he notes pain disrupts his sleep. Physical exam noted restricted range of motion of lumbar spine, slow, guarded gait and palpable spasms of the paralumbar area. The treatment plan included a request for authorization for TENS unit and supplies and continuation of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, purchase of TENS unit and supplies is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are disc bulge/herniation; disc degeneration; status post arthrodesis/PLIF; instability lumbar. The documentation in the medical record shows there was a request for an H wave device in 2013. The request was denied. The medical record contains 24 pages. The most recent progress note dated May 5, 2015 (request for authorization May 15, 2015) contains a request for a TENS unit and supplies. There is no documentation of a 30-day trial in the medical record. There was no documentation with short and long-term goals for the TENS unit. Consequently, absent clinical documentation with a 30 day trial and specific short and long-term goals, purchase of TENS unit and supplies is not medically necessary.