MAXIMUS Federal Services

Case Number:	CM15-0019678		
Date Assigned:	02/09/2015	Date of Injury:	10/08/1980
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 reported an injury on 10/08/1980. The mechanism of injury was not provided. His diagnosis was noted as chronic low back pain with associated left sided leg pain, most likely spinal canal stenosis. His past treatments were noted to include medication, surgery, activity modification, TENS unit, and activity modification. His surgical history was noted to include, surgical decompression and fusion procedure at L2 to S1. During the assessment on 01/12/2015, the injured worker complained of pain in the thoracolumbar junction. He indicated the pain was up to T12 to L1 level and increased with activity. The physical examination revealed a well healed scar on the back and increased local tenderness at the thoracolumbar junction. The patient was listing slightly to the right side. There was decreased lumbar lordosis with good range of motion of both hip and knee joints. All muscle groups were noted as 5/5 with decreased sensation to the left hip. His medication was noted as Norco. The treatment plan was to continue with Norco and the TENS unit. The rationale for the request was not provided. The Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENs unit, supplies as needed: Upheld

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

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

Decision rationale: The request for TENS unit, supplies as needed is not medically necessary. The California MTUS Guidelines do not recommend the use of a TENS unit as a primary treatment modality; however, a 1 month based trial may be considered as a noninvasive conservative option. A treatment plan including specific short and long term goals of treatment with a TENS unit should be submitted prior to use. After a successfully 1 month trial, continued TENS treatment may be recommended if there is documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The clinical documentation did not indicate how often the unit was used, as well as outcomes in terms of pain relief and function. Due to the lack of information regarding the specific short and long term goals of treatment and documentation of prior treatment, the request is not medically necessary. There is no indication that the unit was being used.