

Case Number:	CM15-0133161		
Date Assigned:	07/21/2015	Date of Injury:	06/10/2014
Decision Date:	08/27/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/09/2015

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: Pennsylvania, Ohio, 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 64 year old male, who sustained an industrial injury on 6/10/2014. He reported a fall, landing on his lower back. The injured worker was diagnosed as having chronic coccyx pain and chronic low back pain. Treatment to date has included diagnostics, modified work, and medications. Currently (5/22/2015), the injured worker complains of discomfort in his lumbar and coccyx areas. Pain was rated 4/10 with medication use and 4-5/10 without. He was taking Ibuprofen. He was currently retired. Exam noted moderate spasms in the lumbar, upper thoracic, and bilateral posterior hand areas. The treatment plan included Flexeril, chiropractic physiotherapy, and a transcutaneous electrical nerve stimulation unit. The rationale for treatment was to increase circulation, reduce pain, and reduce opiate use. Current opiate use was not noted and previous treatment with a transcutaneous electrical nerve stimulation unit was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One TENS unit Meds 3: 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 Page(s): 114.

Decision rationale: MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records at this time do not document a neuropathic TENS diagnosis for which TENS would be indicated, nor do the records document an alternate rationale for this request. Additionally the records do not document results from a TENS trial prior to purchase. Therefore TENS purchase is not supported as medically necessary.