

Case Number:	CM15-0135302		
Date Assigned:	07/23/2015	Date of Injury:	01/03/2007
Decision Date:	08/19/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

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 65-year-old female, who sustained an industrial injury on January 3, 2007. She reported feeling a pop in her lower back that extended to the left buttock and posterior thigh. She also reported numbness in her entire left lower extremity. The injured worker was diagnosed as having lumbar strain/sprain, lumbar radiculopathy, status post lumbar laminectomy, post-operative wound infection, status post incision and drainage of posterior lumbar wound and chronic pain syndrome. Treatment to date has included diagnostic studies, surgery, physical therapy, aqua therapy and medications. On June 22, 2015, the injured worker complained of pain in the low back, bilateral shoulders and bilateral legs. The pain radiates to the left shoulder and right shoulder. She rated the pain as a 6-7 on a 1-10 pain scale. The treatment plan included medications and acupuncture. On June 17, 2015 Utilization Review non-certified the request for application of surface neurostimulator and transcutaneous electrical nerve stimulation unit and supplies one month trial, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Application of surface neurostimulator: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p114 Page(s): 114.

Decision rationale: The claimant sustained a work injury in January 2007 and continues to be treated for bilateral shoulder, low back, and bilateral leg pain. When seen, pain was rated at 6-8/10. The claimant's BMI was over 26. Authorization for a one month trial of TENS was requested. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. Therefore, a trial of TENS and instruction in the application of the electrodes was medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit and supplies for one month trial:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p114 Page(s): 114.

Decision rationale: The claimant sustained a work injury in January 2007 and continues to be treated for bilateral shoulder, low back, and bilateral leg pain. When seen, pain was rated at 6-8/10. The claimant's BMI was over 26. Authorization for a one month trial of TENS was requested. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. Therefore, a trial of TENS and instruction in the application of the electrodes was medically necessary.