

Case Number:	CM15-0135639		
Date Assigned:	07/23/2015	Date of Injury:	10/31/2008
Decision Date:	08/20/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/14/2015

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 (IW) is a 51-year-old female who sustained an industrial injury on 10/31/2008. Diagnoses/impressions include back injury. Treatment to date has included medications, home exercise, heating pad and activity modifications. According to the progress notes dated 6/16/15, the IW reported pinching pain above the site of her fusion when sitting up without support or when twisting on the bus. She rated the pain 6-7/10 and stated it radiated to the lateral thigh. The IW was reportedly using her treadmill about one mile every day, sleeping six hours per night and taking Norco 0.5 to 1 tablet two to three times weekly for pain. On examination, sensation and motor testing of the bilateral lower extremities were normal. The paraspinal muscles were tender to palpation on the left. Forward flexion was full and painless. The IW had a TENS unit, but it was broken. A request was made for a transcutaneous electrical nerve stimulation (TENS) unit, lumbar spine, per 06/16/2015 order due to previously experienced pain reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) TENS unit, lumbar spine per 06/16/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy - TENS Page(s): 114-116.

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, one TENS unit lumbar spine per June 16, 2015 order 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 back injury according to the June 16, 2015 progress note. There are no specific diagnoses listed. The date of injury is October 31, 2008. The request for authorization is June 16, 2015. According to a progress note dated June 16, the injured worker subjectively complains of pain about the fusion. Objectively, motor strength is normal bilaterally, but there is muscle tenderness overlying the paraspinal muscle. According to the utilization review, it was a peer-to-peer conference call between utilization review provider and the treating provider's agent. There was no documentation of a TENS trial in the medical record. A [REDACTED] agreed to a rental of TENS unit for one month (trial). Consequently, absent clinical documentation of a TENS trial, one TENS unit lumbar spine per June 16, 2015 order is not medically necessary.