

Case Number:	CM15-0137174		
Date Assigned:	07/27/2015	Date of Injury:	06/06/1997
Decision Date:	09/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 73 year old male, who sustained an industrial injury on June 6, 1997, incurring neck and low back injuries. He was diagnosed with lumbosacral spondylosis, lumbar stenosis, cervical stenosis, and cervical spondylosis. Treatment included an H-wave unit and activity restrictions. Currently, the injured worker complained of persistent neck pain radiating into the right arm with increased paresthesia and ongoing low back pain with frequent muscle spasms. He noted guarding with range of motion. He continued to have pain in the low back with increased activities, lifting, bending, stooping, prolonged sitting and standing. The treatment plan that was requested for authorization included durable medical equipment and purchase of home transcutaneous electrical stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) purchase of home TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant does have radicular symptoms and chronic pain. However, TENS is not intended for indefinite use where it can be purchased. Long-term continued benefit cannot be determined. The TENS is not medically necessary.