

Case Number:	CM15-0137807		
Date Assigned:	07/27/2015	Date of Injury:	12/18/2001
Decision Date:	08/31/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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 54 year old male who sustained an industrial injury on 12-18-01. Diagnoses are chronic pain syndrome, morbid obesity, and depression. In an agreed medical examination dated 7-15-13, an 8-7-10 records entry notes that the injured worker had pain in the back, had an injection and had a transcutaneous electrical nerve stimulation unit at home. In a progress report dated 5-29-15, the treating physician notes the injured worker has decompensated due to lack of Gabapentin and Cymbalta. He should be able to get his Gabapentin today and the request was being sent for Cymbalta. The treatment plan is that a prescription for Dilaudid was given, he will pick up his Gabapentin today, the request was sent for Cymbalta, he is to continue Ibuprofen, Concerta and Valium, and he is to re-start walking and exercise as soon as possible. Work status is to remain off of work. In a request for authorization with a telephone encounter note attached dated 6-24-15, the treating physician notes the injured worker reported severe pain. As he was leaving to go to the emergency room, he tripped and fell, aggravating his back pain. He was taken to the emergency room by ambulance. X-rays were negative. He was given intramuscular Dilaudid a couple of times, but was unable to control his right leg. Also noted is that he told the emergency room staff that he was suicidal. He was discharged to home and a friend stayed with him for the night. Since then, he has been able to hobble around but not walk well. He has been applying ice to his back and borrowed a transcutaneous electrical nerve stimulation unit from a friend for a few days. Over the last week, he reports his pain had gotten worse. He reports that when he had the transcutaneous electrical nerve stimulation unit, he was able to walk further and bend further and bowel movements were more comfortable and more complete. The requested treatment is for a transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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. Therefore a TENS rental and associated supplies is not medically necessary.