

Case Number:	CM15-0139225		
Date Assigned:	07/29/2015	Date of Injury:	03/26/2014
Decision Date:	09/24/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/17/2015

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: Florida

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:

This injured worker is a 44 year old male who reported an industrial injury on 3-26-2014. The history notes multiple other industrial injuries and a 3-level spinal fusion in 2004. His diagnoses, and or impression, were noted to include: lumbago; thoracic or lumbosacral neuritis or radiculitis; 3-level lumbosacral degenerative disc disease with bulges; and myofascial back pain. Recent magnetic imaging studies of the lumbar spine were done in 2-2015. His treatments were noted to include: lumbar epidural steroid injection - ineffective; medication management; and rest from work. The progress notes of 6-23-2015 reported moderate, diffuse low back pain with occasional pain in both legs and occasional numbness in the right foot. Objective findings were noted to include: no acute distress; severe pain with, and causing, severely reduced lumbar range-of-motion. The physician's requests for treatments were noted to include a trans-cutaneous electrical nerve stimulation unit for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS Unit for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain medical treatment guidelines, TENS unit Page(s): 114-117.

Decision rationale: California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. 2. There is evidence that other appropriate pain modalities have been tried (including medication) and failed A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. 3. Other ongoing pain treatment should also be documented during the trial period including medication usage. 4. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. 5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case does not meet the recommended criteria since no treatment plan (that includes short and long term goals) was submitted, and there is no documentation of a one month trial period (rental is preferred) being performed in conjunction with other treatment modalities. Likewise, this request for a TENS unit purchase is not medically necessary.