

Case Number:	CM15-0139466		
Date Assigned:	07/29/2015	Date of Injury:	02/21/2011
Decision Date:	08/26/2015	UR Denial Date:	06/25/2015
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: 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 32 year old male, who sustained an industrial injury on 2/21/11. He has reported initial complaints of a low back injury after installing a tire. The diagnoses have included discogenic lumbar condition, chronic pain disorder, stress, anxiety, sleep disorder and headaches. Treatment to date has included medications, activity modifications, physical therapy, chiropractic and acupuncture. Currently, as per the physician progress note dated 6/12/15, the injured worker complains of ongoing low back pain with spasms and stiffness. The diagnostic testing that was performed included electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities and Magnetic Resonance Imaging (MRI) of the lumbar spine. The objective findings reveal that he has tenderness across the lumbar paraspinal muscles. The current medications included Lorazepam, Tramadol, Naproxen, Protonix and Flexeril. The injured worker is currently not working. The physician requested treatment included Purchase of Four lead transcutaneous electrical nerve stimulation (TENS) unit with conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Four lead TENS unit with conductive garment: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in February 2011 and continues to be treated for low back pain. When seen, he was using a two lead TENS unit and wanted something stronger. There was lumbar spine tenderness and decreased range of motion. There was back pain with hip and knee flexion and straight leg raising. He had gained weight and was now 220 pounds. In this case, the claimant already uses TENS with some benefit. There is no apparent failure of the current unit and it is unclear what is meant by a stronger nit. This might refer to adjusting the intensity limit of the current device. Additional pads can be connected with use of a splitter cable without requiring a 4 lead unit. A garment would require documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment or that the individual cannot apply the stimulation pads alone or with the help of another available person. Therefore, the request is not medically necessary.