

Case Number:	CM15-0140690		
Date Assigned:	07/30/2015	Date of Injury:	12/17/2007
Decision Date:	08/28/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 67 year old male, who sustained an industrial injury on 12-17-2007. He reported low back pain. Diagnoses have included lumbar discogenic syndrome, lower back pain, sleep disturbance, lumbar radiculopathy and myofascial pain. Treatment to date has included chiropractic treatment, acupuncture, transcutaneous electrical nerve stimulation (TENS), a home exercise program and medication. According to the progress report dated 6-29-2015, the injured worker complained of constant low back pain with radiating numbness and tingling to the lower extremities. He reported that his stomach was better with Omeprazole. He stated that acupuncture and chiropractic treatment were helpful. LidoPro cream was helpful for managing his pain. Authorization was requested for transcutaneous electrical nerve stimulation (TENS) patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: Regarding the request for TENS patch, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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, function, and medication usage. Within the documentation available for review, the patient apparently has utilized TENS patches in the past, but there is no clear evidence of quantified pain relief, functional improvement, and decreased use of pain medication. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.