

Case Number:	CM15-0145749		
Date Assigned:	08/06/2015	Date of Injury:	08/13/2012
Decision Date:	09/03/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 44 year old female who sustained an industrial injury on 8-13-12 to her lumbar spine while moving boxes. She had a subsequent injury on 4-8-14 that exacerbated the previous low back injury. She currently complains of stabbing pain in the left heel with weight bearing with radiation up the calf to the knee; achy low back pain; pain left posterior knee and bilateral foot pain with a pain level of 5 out of 10. On physical exam of the lumbar spine there was pain in the lumbosacral area; seated straight leg raise on the left was positive causing pain in the left buttocks extending down the posterior left leg; tenderness with palpation over the calcaneus on the left foot causing pain to extend to the posterior calf. Medication was Robaxin. Diagnoses include displaced lumbar intervertebral disc; thoracic/ lumbar neuritis, radiculitis; insomnia. Treatments to date include medication; transcutaneous electrical nerve stimulator unit with significant relief (per 7-8-15 note). Diagnostics included MRI of the lumbar spine with gadolinium (9-2-12) showed disc extrusion compressing the nerve root, mild central stenosis, annular tear. On 7-8-15, the treating provider's plan of care included a request for transcutaneous electrical nerve stimulator unit supplies and replacement pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit supplies and replacement pads:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit supplies with replacement pads is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are displaced lumbar intervertebral disc; and unspecified thoracic/lumbar neuritis/radiculitis. The date of injury is August 13, 2012. The request for authorization is July 9, 2015. According to a July 8, 2015 progress note, subjectively the injured worker has chronic back pain with left leg pain. The injured worker developing new complaint of stabbing pain in the left heel was weight bearing. The worker uses the TENS unit three times per week with symptomatic relief. Objectively, there is pain in the lumbosacral area. There is no neurologic evaluation. Although there is subjective improvement with TENS, there is no documentation demonstrating objective functional improvement with TENS use. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing TENS, TENS unit supplies with replacement pads is not medically necessary.