MAXIMUS Federal Services

Case Number:	CM15-0147604		
Date Assigned:	08/10/2015	Date of Injury:	03/01/2012
Decision Date:	09/04/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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: Preventive Medicine, Occupational 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 33-year-old female who sustained an industrial injury on March 01, 2012. A recent primary treating office visit dated July 02, 2015 reported discussion regarding further injections. The worker states rejoining a pool and participating in daily exercise along with psychological factors adding in the reduction of stress controlling chronic pain. The plan of care noted the worker continuing with medications, exercise regimen, alternating activity with rest, utilizing the transcutaneous nerve stimulator unit (TENS). Current medications consisted of: Flexeril, Celebrex, Effexor, Gabapentin, and Nalfon. There is mention of Lidoderm patches being denied and she is in need of purchasing a new TENS unit as her is noted dysfunctioning. The treating diagnoses were: major depression, single episode, severe, moderate; chronic pain secondary to L5-S1 disc protrusion; insomnia related to chronic pain; occupational problem; left S1 radiculopathy; L5-S1 central disc protrusion displacing the left S1 nerve root; phase of life problem, ongoing difficulties with obtaining approval of services and case management issues. She is to remain temporarily totally disabled. The recommendation for a TENS unit remains a standing request through a follow up visit dated June 30, 2015. There is also recommendation for psychiatry referral and chiropractic session. She is reported as not working at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement 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 Transcutaneous Electrotherapy Page(s): 114-115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/TENS.

Decision rationale: MTUS Guidelines have very specific criteria that needs to be met to justify the long-term use of a TENS unit. Guidelines support assessments of use (frequency and length), objective documentation of pain relief, objective documentation of functional benefits and documentation how TENS use impacts other treatments i.e. need for meds etc. In addition, the ODG Guidelines include updated information and do not recommend TENS use for chronic extremity pain. These standards have not been met. Under these circumstances, the request for a TENS unit renewal is not consistent with Guidelines and is not medically necessary.