

Case Number:	CM15-0164914		
Date Assigned:	09/02/2015	Date of Injury:	04/28/2010
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male who sustained an industrial injury on April 28, 2010. A primary treating office visit dated July 15, 2015 reported subjective complaint of low back pain radiating down the back of the left lower extremity with associated weakness, numbness, tingling, and stiffness. There is also complaint of difficulty sleeping and spasms in back. Treatment modality included: activity modification, oral medications, physical therapy, epidural injections and even completed a functional restoration program. Current medications consisted of: Gabapentin; Miralax, Norco, Prevacid, Senna, and Tramadol. The following diagnoses were applied: radiculitis; chronic pain syndrome; lumbosacral radiculopathy; lumbosacral radiculitis; chronic low back pain; degeneration of lumbosacral intervertebral disc, and lumbar sprain. There is recommendation for a trial of transcutaneous nerve stimulator, continue walking and exercising and continue medications. At follow up dated June 16, 2015, there was note of osteopathic referral; acupuncture referral, and prescribed Norco and Prevacid.

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, 30 day trial for use at home twice a day, daily for 20 minutes with 4 pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: TENS (transcutaneous electrical nerve stimulation) unit, 30 day trial for use at home twice a day, daily for 20 minutes with 4 pads is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The MTUS states that a 2-lead unit is generally recommended and if a 4-lead unit is recommended, there must be documentation of why this is necessary. The documentation does not reveal extenuating factors which necessitate a 4 lead unit therefore this request is not medically necessary.