

Case Number:	CM15-0167466		
Date Assigned:	09/08/2015	Date of Injury:	04/17/2012
Decision Date:	10/21/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York

Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46-year-old male with an April 17, 2012 date of injury. A progress note dated July 2, 2015 documents subjective complaints (thoracic and lumbar spine pain with radiation down the left greater than right lower extremity; recent fall due to loss of sensation and weakness; pain rated at a level of 10 out of 10 without medications; medications reduce pain by approximately 25%), objective findings (pain too great to tolerate sitting; tenderness to palpation and spasm in the mid thoracic and lumbar paraspinals; motion guarded due to pain), and current diagnoses (chronic lower back pain; lumbar degenerative disc disease; lumbar radiculitis). Treatments to date have included medications, physical therapy, transcutaneous electrical nerve stimulation unit that is extremely effective, and imaging studies. The medical record indicates that medications help control the injured worker's symptoms. The treating physician documented a plan of care that included purchase of a transcutaneous electrical nerve stimulation unit with replacement electrodes, leads, and batteries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS guidelines, the transcutaneous electrotherapy (TENS) unit is not recommended as a primary treatment modality. 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 for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis. In this case, there is no documentation of any objective functional benefit, a decrease in pain, or decrease in medication from usage of the TENS unit. Medical necessity for the requested item has not been established. The requested TENS unit is not medically necessary.

Purchase of replacement electrodes (3-sets of 4): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Purchase of Replacement leads (2): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Purchase of Replacement batteries (2 pieces at 4 each): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.