MAXIMUS Federal Services

Case Number:	CM15-0167687		
Date Assigned:	09/08/2015	Date of Injury:	10/30/2013
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/26/2015

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: Emergency 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:

This is a 44 year old female with an October 30, 2013 date of injury. A progress note dated August 4, 2015 documents subjective complaints (daily right lower back ache; pain rated at a level of 3 out of 10 that increases to 7 out of 10 every ten to fourteen days), objective findings (full and fluid range of motion of the lumbar spine; tenderness to palpation of the right lumbar spine near L5 and over sciatic notch on the right), and current diagnoses (sprain or strain of the lumbar region; degenerative disc disease of the lower back). Treatments to date have included medications and ice. The treating physician documented a plan of care that included a thirty-day rental of a transcutaneous electrical nerve stimulation unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental for thirty days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested TENS unit rental for thirty days is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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". The treating physician has documented subjective complaints (daily right lower back ache; pain rated at a level of 3 out of 10 that increases to 7 out of 10 every ten to fourteen days), objective findings (full and fluid range of motion of the lumbar spine; tenderness to palpation of the right lumbar spine near L5 and over sciatic notch on the right), and current diagnoses (sprain or strain of the lumbar region; degenerative disc disease of the lower back). The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit rental for thirty days is not medically necessary.

TENS supplies for thirty days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested TENS supplies for thirty days is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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". The treating physician has documented subjective complaints (daily right lower back ache; pain rated at a level of 3 out of 10 that increases to 7 out of 10 every ten to fourteen days), objective findings (full and fluid range of motion of the lumbar spine; tenderness to palpation of the right lumbar spine near L5 and over sciatic notch on the right), and current diagnoses (sprain or strain of the lumbar region; degenerative disc disease of the lower back). The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS supplies for thirty days is not medically necessary.