

Case Number:	CM15-0180871		
Date Assigned:	09/22/2015	Date of Injury:	04/15/2008
Decision Date:	10/27/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/14/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 62 year old female, who sustained an industrial injury on April 15, 2008. The injured worker was being treated for lumbar discogenic disease. Medical records (March 26, 2015 to July 21, 2015) indicate ongoing lower back pain, which is increased. Her pain is rated 10 out of 10 without medications and 8 out of 10 with medications on July 21, 2015. Her pain is better and she can get out of bed with her medications. Records also indicate her legs are weak and give out at times and recent falling due to severe muscle spasms. The physical exam (March 26, 2015 to July 21, 2015) reveals ongoing decreased and painful lumbar range of motion, motor of 3-4 out of 5 bilaterally, and bilateral L5-S1 (lumbar 5-sacral 1) radiculopathy. Diagnostic studies of the lumbar spine were not included in the provided medical records. Treatment has included pain (Ultram) and anti-epilepsy (Neurontin) medications. Per the treating physician (9/9/2015 report), the injured worker remains temporarily totally disabled. On September 1, 2015, the requested treatments included a transcutaneous electrical nerve stimulation (TENS) unit. On September 11, 2015, the original utilization review non-certified a request for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case, the medical record does not include any short of long-term goals of treatment. TENS unit is not medically necessary based on the submitted records.