

Case Number:	CM15-0183353		
Date Assigned:	10/15/2015	Date of Injury:	01/08/2014
Decision Date:	11/23/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/17/2015

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: Physical Medicine & Rehabilitation

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 55 year old male, who sustained an industrial injury on 1-8-2014. Diagnoses include lumbar discogenic disease, degenerative disc disease, and radiculopathy. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, acupuncture treatment, and shockwave treatments. On 8-13-15, he complained of low back pain rated 4 out of 10 VAS, with radiation to the lower extremity. Chiropractic therapy was noted to "really help." The physical examination documented tenderness in the lumbar spine with muscle spasm noted. There was a positive straight leg raise test bilaterally. The plan of care included a request for a TENS unit for muscle spasms. This review will address the request to authorize one TENS unit. The Utilization Review dated 8-18-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (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: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain for diagnosis such as neuropathy or CRPS of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics, extensive therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, previous trial of benefit if any, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered for this chronic January 2014 injury. The Transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary and appropriate.