

Case Number:	CM15-0184843		
Date Assigned:	09/28/2015	Date of Injury:	11/22/2008
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/22/2015

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, Hawaii
 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 female individual who sustained an industrial injury on 11-22-08. The medical records indicate that the injured worker was being treated for chronic low back pain. She currently (8-18-15) complains of persistent low back pain radiating down bilateral lower extremities, left leg worse than right. The pain level was 8 out of 10. Medications allow functionality despite pain. Transcutaneous electrical nerve stimulator unit allows for increased range of motion and she is able to clean, wash dishes and perform household chores such as cleaning on a daily basis. The physical exam was unchanged from 6-23-15. The progress note dated 6-23-15 notes her pain level with medications to be 7 out of 10 and without medication 9 out of 10. On physical exam (6-23-15) there was tenderness across the lumbosacral junction and lumbar paraspinal musculature. There was pain with range of motion. Diagnostics include: MRI of the lumbar spine (12-2008 and 1-15-14) showing abnormalities of spinal stenosis, anterolisthesis, disc protrusion; electromyography-nerve conduction study of the bilateral lower extremities was unremarkable; x-rays (7-23-14) with abnormalities. Treatments to date include medications: amitriptyline; transcutaneous electrical nerve stimulator unit with benefit; status post right shoulder surgery (3-2014). On 9-10-15 Utilization Review non-certified the retrospective request (8-18-15) for 2 sets of 4 transcutaneous electrical nerve stimulator unit pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS unit pad #2 sets of 4 for DOS 8/18/2015: Overturned

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: The patient presents with low back pain radiating down the bilateral and lateral side of the lower extremity. The current request is for Retrospective TENS unit pad #2 sets of 4 for DOS 08/18/2015. The treating physician's report dated 08/18/2015 (8B) states, "She states that that the TENS unit significantly helps increase range of motion and she is able to move better. She is able to clean, wash dishes and perform household chores such as cleaning on a daily basis with the TENS unit." The MTUS guidelines pages 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-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. In this case, the physician has documented functional improvement with the use of a TENS unit and continued use is appropriate. Given that the unit requires the use of pads to be functional to the patient, the current request is medically necessary.