

Case Number:	CM15-0186365		
Date Assigned:	09/28/2015	Date of Injury:	01/05/2010
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
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

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(n) 48 year old female, who sustained an industrial injury on 1-5-10. The injured worker was diagnosed as having lumbar spine sprain with left lower extremity radiculitis, a 7mm left disc protrusion at L4-L5, a 6mm disc protrusion at L5-S1 with bilateral neuroforaminal stenosis and disc bulge at T12-L1. The physical exam (4-22-15 through 6-8-15) revealed lumbar flexion was 37-38 degrees, extension was 10-11 degrees and decreased sensation along the left L5 and S1 dermatomes. Treatment to date has included chiropractic treatments (8 treatments were authorized), physical therapy (number of treatments not provided), a home exercise program, Tylenol, Advil and Pamelor. As of the PR2 dated 7-20-15, the injured worker reports left great than right low back pain with numbness and tingling to the feet. She indicated that the chiropractic treatments have "made it worse" and has stopped going. She rates her pain 7 out of 10. Objective findings include a positive straight leg raise test on the left with radicular symptoms to the L5 and S1 dermatomes, lumbar flexion is 32 degrees and extension is 9 degrees. The treating physician requested a VQ home TENS unit. On 7-20-15 the treating physician requested a Utilization Review for a VQ home TENS unit. The Utilization Review dated 8-21-15, non-certified the request for a VQ home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

VQ home 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 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 and other medication, extensive physical 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, 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 2010 injury. The VQ home transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary and appropriate.