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| Case Number: | CM15-0187527 | | |
| Date Assigned: | 09/29/2015 | Date of Injury: | 06/10/1999 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/23/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male, who sustained an industrial injury on 6-10-99. Current diagnoses or physician impression includes lumbar spine spondylolisthesis and lumbar spine disc bulge. His work status is regular duty. A note dated 8-18-15 reveals the injured worker presented with complaints of low back pain. Per note dated 7-14-15, movement helps decrease his pain and it is increased with rest. A physical examination dated 8-18-15 revealed lumbar spine pain at night described as throbbing and fatiguing. He reports tossing and turning during sleep and experiencing sleep disturbance due to the pain. "Left mid to anterior thigh, left mid lateral calf and left lateral ankle are intact to light sensation." A physician's note dated 7-14-15 reveals the injured workers lumbar spine pain is stable with physical therapy. A request for authorization dated 7-14-15 for TENS unit is denied, per Utilization Review letter dated 8-27-15.

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: The claimant has a remote history of a work injury in June 1999 and is being treated for low back pain. He continues to work as a supervisor at his construction business. On 07/14/15, he was having continued low back pain and was having trouble sleeping. A dual TENS/EMS unit was prescribed. On 08/18/15, physical examination findings included intact left lower extremity sensation. Supplies for the unit prescribed in July 2015 and authorization for physical therapy were requested. Use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of a basic TENS unit. A combined TENS/EMS unit is not medically necessary for either a trial or for indefinite use.