

Case Number:	CM15-0188103		
Date Assigned:	09/30/2015	Date of Injury:	09/19/2014
Decision Date:	11/12/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/24/2015

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 40 year old male, who sustained an industrial injury on 9-19-2014. He reported a low back injury from a slipping and twisting event. Diagnoses include lumbar sprain, history of lumbosacral sprain, and lumbar spondylosis with radiculopathy. Treatments to date include activity modification, medication therapy, physical therapy, and transforaminal epidural steroid injection. Currently, he complained of ongoing low back pain. On 7-31-15, the physical examination documented tenderness to the LS junction, pain with range of motion at the endpoints, and straight leg lifts bilaterally to 60 degrees. On 9-1-15, ongoing low back pain with radiation to bilateral lower extremities. There were no new physical findings documented. It was noted a TENS unit was utilized on this date for treatment with "excellent relief". The provider documented dispensing a TENS unit for home use. The appeal requested retrospective authorization for a TENS Unit for home use dispensed on 9-1-15. The Utilization Review dated 9-11-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: TENS unit machine for home use (dispensed date: 9/1/2015): 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: Based on the 9/1/15 progress report provided by the treating physician, this patient presents with low back pain, bilateral lower extremities aching/cramping. The treater has asked for Retro tens unit machine for home use (dispensed date 9/1/2015) on 9/1/15. The request for authorization was not included in provided reports. Per review of reports, the patient has not had any prior surgeries to the lumbar spine. The patient has been taking Gabapentin which is not as effective as it used to be per 9/1/15 report. The patient is s/p epidural steroid injection from April 2015 which did not help, physical therapy which did not help per 6/29/15 report. The patient's work status is permanent and stationary, and is on work restrictions as of 9/1/15 report. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: "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." In this case, the provider is requesting a TENS unit for home use per 9/1/15 report as patient has used "TENS unit in clinic today with excellent relief." However, there is no documentation of a 30-day trial prior to purchase. Progress note dated 9/1/15 does note that in- office application of the unit was effective at reducing this patient's pain, though it does not discuss previously successful 30 day trials or an intent to perform one. Were the request for a 30 day trial of the unit, the recommendation would be for approval. As there is no evidence of a successful 30 day trial performed previously, the request as written cannot be substantiated. Therefore, the request is not medically necessary.