

Case Number:	CM15-0188185		
Date Assigned:	09/30/2015	Date of Injury:	02/26/2011
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
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 39 year old male, who sustained an industrial injury on 2-26-11. The documentation on 8-29-15 noted that the injured worker has complaints of low back pain that radiates to left lower extremity with numbness and tingling. The injured worker feels that his neuropathic pain is increased. The diagnoses have included lumbar radiculopathy; sprain of thoracic; degeneration of lumbar or lumbosacral intervertebral disc; thoracic or lumbosacral neuritis or radiculitis, unspecified and myofascial pain. Treatment to date has included tramadol as need for pain; omeprazole; transcutaneous electrical nerve stimulation unit was mildly helpful; lumbar epidural steroid injection was very helpful for managing his neuropathic pain and chiropractic therapy was helpful in the past. Electromyography and nerve conduction velocity study showed lumbar radiculopathy. The original utilization review (9-14-15) non-certified the request for transcutaneous electrical nerve stimulation unit patch times 2 pairs for date of service of 8-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch x 2 pairs for DOS 8/29/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 chronic condition and 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 being utilized, whether it is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit to support for the accessories. Although the patient has utilized the TENS unit for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered with only report of mildly helpful. The TENS patch x 2 pairs for DOS 8/29/15 is not medically necessary and appropriate.