

Case Number:	CM15-0192417		
Date Assigned:	10/06/2015	Date of Injury:	11/25/2014
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 48-year-old female injured worker suffered an industrial injury on 11-25-2014. The diagnoses included lumbar multiple degenerative discs and lumbar radicular complex. On 8-3-2015, the provider recommended the use of unit. On 8-19-2015, the treating provider reported low back pain, left side buttock pain that radiated to the bilateral lower extremities along with numbness and tingling in the left lower extremity. On exam, there was lumbar tenderness and reduced range of motion. The provider noted the TENS unit was demonstrated in the office on 8-19-2015 and was dispensed. On 9-2-2015 the provider noted the TENS unit helped with numbness and tingling of the left leg and reported the pain was the same rated at 6 out of 10. Prior treatment included physical therapy x 12 sessions. Request for Authorization date was 8-29-2015. The Utilization Review on 9-4-2015 determined non-certification for Retrospective TENS unit x 1 patch (Dispensed 08/29/2015) 6-9 month rental. The patient has had MRI of the lumbar spine on 2/20/15 that revealed disc protrusions, and degenerative changes. The patient sustained the injury due to lifting heavy boxes. The patient has had history of GI discomfort with NSAID use. The medication list include Gabapentin and Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS unit x 1 patch (Dispensed 08/29/2015) 6-9 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Retrospective TENS unit x 1 patch (Dispensed 08/29/2015) 6-9 month rental. According the cited guidelines, electrical stimulation (TENS), is "not recommended as a primary treatment modality. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness.." According the cited guidelines, Criteria for the use of TENS is "There is evidence that other appropriate pain modalities have been tried (including medication) and failed". A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The patient has received an unspecified number of PT visits for this injury. A detailed response to previous conservative therapy was not specified in the records provided. The previous conservative therapy notes were not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. The request for Retrospective TENS unit x 1 patch (Dispensed 08/29/2015) 6-9 month rental is not medically necessary for this patient.