

Case Number:	CM15-0193602		
Date Assigned:	10/07/2015	Date of Injury:	03/28/2014
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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: Emergency Medicine

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 43 year old female, who sustained an industrial injury on 3-28-2014. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for sacroiliac ligament sprain, lumbar strain, lumbar radiculopathy, and pelvic dysfunction. Medical records (8-21-2015) indicate ongoing low back radiating down the back of her right leg to the knee with numbness. The physical exam (8-21-2015) revealed tenderness to palpation of the right lower paraspinal muscles, right sacroiliac joint, and the posterior ilium near the insertion of the gastrocnemius muscles. There was grossly intact sensation in the bilateral L3-S1 (lumbar 3-sacral 1) distribution and no range of motion deficits. There was no abnormality with motor testing of the bilateral lower extremities. The treating physician noted that the injured worker was to return to the office in 2 weeks for a transcutaneous electrical nerve stimulation (TENS) unit trial. Medical records (9-2-2015) indicate ongoing low back and buttocks pain. Her pain was rated 6 out of 10 without medication. The medical records (9-2-2015) show the subjective pain rating shows improvement from 6 out of 10 to 3 out of 10 with the TENS trial. Treatment has included physical therapy, chiropractic treatments, work restrictions, bilateral hip injections, and medications including pain, anti-epilepsy, and non-steroidal anti-inflammatory. Per the treating physician (8-21-2015 report), the injured worker is temporarily totally disabled. The requested treatments included a TENS unit. On 9-18-2015, the original utilization review non-certified a retroactive request for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro TENS Unit Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested Retro TENS Unit purchase is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has ongoing low back and buttocks pain. Her pain was rated 6 out of 10 without medication. The medical records (9-2-2015) show the subjective pain rating shows improvement from 6 out of 10 to 3 out of 10 with the TENS trial. Treatment has included physical therapy, chiropractic treatments, work restrictions, bilateral hip injections, and medications including pain, anti-epilepsy, and non-steroidal anti-inflammatory. Even though the treating provider has noted pain reduction with TENS usage, there is insufficient documentation of derived functional improvement such as reduction in medication usage. The criteria noted above not having been met, Retro TENS Unit Purchase is not medically necessary.