

Case Number:	CM15-0195891		
Date Assigned:	10/09/2015	Date of Injury:	04/11/2009
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female who sustained an industrial injury April 11, 2009. According to a primary treating physician's progress report dated August 12, 2015, the injured worker presented with complaints of back spasm. She reported these have stabilized with acupuncture but she has been unable to get authorization for additional sessions. The last acupuncture session was noted as June 25, 2015. She is trying to stretch as much as possible but having difficulty. Current medication included Cyclobenzaprine, Amlodipine, Losartan, Simvastatin, and ibuprofen. Physical examination revealed; stiffness of the back with some spasm, some tenderness around the lower lumbar spine with some radiation to the right hip area. Impressions are cervical spine, sprain, strain with degenerative changes at C5-C6; lumbar sprain, strain with chronic S1 radiculopathy on the right. Treatment plan included pending authorization for acupuncture and an MRI, refill of topical pain cream and at issue, a request for authorization for home TENS (transcutaneous electrical nerve stimulation) unit with supplies. According to utilization review dated September 4, 2015, the request for (1) home TENS unit with supplies is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 home TENS unit with supplies: 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): Transcutaneous electrotherapy.

Decision rationale: 1 home TENS unit with supplies is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The documentation does not reveal a clear trial of one month use of TENS with documentation of frequency of use and evidence of efficacy from prior TENS use. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation is not clear that the patient has one of the above conditions therefore this request is not medically necessary.