

Case Number:	CM15-0196062		
Date Assigned:	10/09/2015	Date of Injury:	07/25/2014
Decision Date:	11/18/2015	UR Denial Date:	10/02/2015
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 41-year-old female, with a reported date of injury of 07-25-2014. The diagnoses include sacrum contusion, lumbar muscle strain, bilateral lumbosacral radiculopathy, and myofascial pain syndrome. Treatments and evaluation to date have included physical therapy, acupuncture, Ibuprofen, Hydrocodone, Percocet, and bilateral lumbar transforaminal epidural steroid injection on 09-25-2015. The diagnostic studies to date have included electrodiagnostic studies on 02-04-2015 with normal findings; and an x-ray of the pelvis on 06-11-2015 with normal findings. The progress report dated 09-22-2015 is handwritten. The report indicates that the injured worker had pain in the lumbar spine with numbness of the bilateral legs. It was noted that she was doing home exercise program 1-2 times a week. It was noted that there was some weakness of the bilateral feet. The physical examination showed decreased range of motion of the back by 10% in all planes; positive bilateral lumbar paraspinal; decreased sensation in the bilateral feet, in reflexes of the bilateral lower extremities; and normal strength of the bilateral lower extremities. It was noted that the injured worker was currently not working; and that she was "not fit for duty". The request for authorization was dated 09-22- 2015. The treating physician requested a TENS unit. On 10-02-2015, Utilization Review (UR) non-certified the 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:

TENS unit: 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: Tens unit 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 guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The documentation does not reveal a treatment plan, evidence of a clear one-month trial with documentation of outcomes and frequency of use. The request for a TENS unit is not medically necessary.