MAXIMUS Federal Services

Case Number:	CM15-0196918		
Date Assigned:	10/12/2015	Date of Injury:	11/25/2014
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
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: Arizona, 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 injured worker is a 43 year old female, who sustained an industrial injury on November 25, 2014, incurring low back injuries. She was diagnosed with lumbar disc herniation and lumbar radiculopathy. Treatment included pain medications, anti-inflammatory drugs, physical therapy which gave some pain relief, and activity restrictions. She underwent a lumbar micro discectomy and was listed as temporarily totally disabled. Currently, the injured worker complained of persistent low back pain radiating down into the bilateral lower extremities and into the left ankle. She rated the pain 6 out of 10 on a pain scale from 0 to 10. She noted decreased range of motion and tenderness over the lumbar region. She noted the pain was worse with weather and activities. Her pain was made better with some rest and medications. She continued with treatment of physical therapy and home exercise program and medication management. The treatment plan that was requested for authorization on October 6, 2015, included a 30-day trial of a transcutaneous electrical stimulation unit. On September 9, 2015, a request for a trial of a tens unit was non-certified by Utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-Day Trial: TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant had used a TENS at therapy for an unknown length of time with "some relief." The request for an additional TENS unit trial is not medically necessary.