

Case Number:	CM15-0197111		
Date Assigned:	10/12/2015	Date of Injury:	12/17/2014
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
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: 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 54-year-old male, with a reported date of injury of 12-17-2014. The diagnoses include cervical sprain and strain, shoulder sprain and strain, and lumbar sprain and strain. Treatments and evaluation to date have included a TENS unit and light axial flexion distraction decompression spinal manipulation. The diagnostic studies to date have not been included in the medical records. The request for authorization and medical report dated 09-24-2015 indicates that the injured worker's neck region was "now stable", and was not in need for further care. The injured worker complained of moderate-to-severe low back pain. The treating physician tried axial flexion distraction decompression program, which the injured worker found "very painful". It was noted that the injured worker had gone into full kidney failure and was receiving dialysis; therefore, the treating physician was very concerned about pharmacotherapy. It was noted that the injured worker had been getting care on a TENS unit, and it was helping. The objective findings were not indicated. The treatment plan included a portable TENS unit. The injured worker's work status was noted as temporary total disability for the next six weeks. The treating physician did not see the injured worker ever going back to work. The treating physician requested one TENS unit. On 09-29-2015, Utilization Review (UR) non-certified the request for one TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit Qty: 1: 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 TENS unit Qty: 1, 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 moderate-to-severe low back pain. The treating physician tried axial flexion distraction decompression program, which the injured worker found "very painful". It was noted that the injured worker had gone into full kidney failure and was receiving dialysis; therefore, the treating physician was very concerned about pharmacotherapy. It was noted that the injured worker had been getting care on a TENS unit, and it was helping. The objective findings were not indicated. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit Qty: 1 is not medically necessary.