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| Case Number: | CM15-0197491 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 12/25/2012 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 09/17/2015 |
| Priority: | Standard | Application Received: | 10/07/2015 |

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 female worker who sustained an industrial injury on December 25, 2012. The injured worker is being treated for: lumbar spine multi-level disc protrusions; peripheral neuropathy of bilateral lower extremities, lumbar radiculitis, chronic pain, insomnia and depression. Subjective: April 20, 2015, March 09, 2015, "miserable with the pain," March 21, 2015, TENS unit helps with pain, January 12, 2015, "frustrated with her pain," indicates having an extremely difficult time performing ADLs due to "ongoing back and leg pain." She is requesting medications. October 02, 2015, "constant low back pain radiating with numbness, tingling down the right leg." She states "Cymbalta caused sweating, nausea, shaking, and diarrhea," and she stopped taking it. She states her "pain was well controlled with the Tramadol and Gabapentin," that she has taken in the past. Objective: January 12, 2015, lumbar spine tenderness to palpation of the paraspinals and quadratus lumborum muscles bilaterally, right side greater. Positive sitting root as well as SLR at 60 degrees, right with decreased pinwheel sensory dermatome at L5, right. October 02, 2015, slight distress; appears somewhat depressed, and moves cautiously. There is tenderness to palpation with spasms of the lumbar paraspinals and tenderness to palpation of the right sacroiliac with limited range of motion secondary to pain.

Positive sitting root and SLR. Medications: March 09, 2015 provided 30-day sample of oral and transdermal anti-inflammatory and analgesic medication. April 20, 2015, provided 30-day sample of oral and transdermal anti-inflammatory and analgesic medication. Treatment: activity modification, medication both topical and oral, pain management, trial epidural. On August 21, 2015 a retrospective request was made for DME TENS unit rental with supplies for DOS June 11, 2015 and August 07, 2015 that was noncertified by Utilization Review on September 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS unit rental and supplies DOS: 6/11/2015 and 8/7/2015: 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: Regarding the request for Retrospective TENS unit rental and supplies DOS: 6/11/2015 and 8/7/2015, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is indication that the patient has undergone a TENS unit trial and has a TENS unit already. There is no documentation of any specific objective functional deficits which another tens unit trial would be intended to address which the prior one did not address or reason for a rental when the patient already has a TENS unit. In the absence of clarity regarding those issues, the currently requested Retrospective TENS unit rental and supplies DOS: 6/11/2015 and 8/7/2015 is not medically necessary.