

Case Number:	CM15-0199825		
Date Assigned:	10/15/2015	Date of Injury:	06/26/2013
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/12/2015

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 an 85-year-old male who sustained an industrial injury on June 26, 2013. The worker is undergoing treatment for axial low back pain, compression fracture, lumbar; moderate to severe arthrosis, lumbar. Subjective: September 09, 2015, June 25, 2015, "improved low back pain level while utilizing the TENS unit." Upper lumbar pain. There is noted discussion regarding the worker not able to wear the jacket with the TENS unit and requires the garment. Symptomatic with axial low back pain. The worker reports "TENS unit quite effective in treating upper lumbar pain." He is unable to use the stimulation pads alone and the garment is noted effective due to being unable to reach the area to apply the pads. He noted a "50-60% improvement in his back pain." Objective: September 09, 2015, July 27, 2015, muscle spasm lumbar region. Treatment modality: March 24, 2015 underwent left lumbar facet joint medial branch block injections: TENS unit; physical therapy session, chiropractic care, medications, and activity modifications. Medications: September 09, 2015, July 27, 2015 Aspirin, Metoprolol, pravastatin, and Coumadin. June 25, 2015, prescribed Celebrex, however this is not recommended with his cardiologist due to bypass history. Diagnostic testing: Radiography, MRI. On September 16, 2015 a request was made for purchase of TENS unit garment jacket that was non-certified by Utilization Review on September 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit garment/jacket: 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: As per MTUS Guidelines, form fitting garments are only recommend for TENS if there is a medical reason such as requiring a large area to receive TENS, skin condition or under cast. Problems with reaching are not an indication. The request is not medically necessary.