

Case Number:	CM15-0200430		
Date Assigned:	10/15/2015	Date of Injury:	03/06/2013
Decision Date:	11/30/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/13/2015

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 43 year old male, who sustained an industrial injury on 03-06-2013. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for chronic low back pain, lumbar degenerative disc disease, and left L5-S1 radiculopathy. Treatment and diagnostics to date has included acupuncture, lumbar spine epidural steroid injection, chiropractic treatment, physical therapy, MRI of the lumbar spine, home exercise program, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Recent medications have included Gabapentin, Omeprazole, Lidopro topical, Escitalopram, and Norco. According to a progress note dated 07-21-2015, the injured worker's pain is "improved with a TENS unit". Subjective data (08-27-2015), included continued low back pain with burning and pressure radiating down the left lower extremity. Objective findings (08-27-2015) included tenderness to palpation to bilateral lumbosacral paraspinal areas, positive percussion at L4, L5, and S1, and decreased sensation at left L4, L5, and S1. The request for authorization dated 08-27-2015 requested Omeprazole, Lidopro, TENS patch x 2, and Gabapentin. The Utilization Review with a decision date of 09-14-2015 denied the request for retrospective TENS electrodes, 2 pair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro TENS electrodes (Qty=pairs) dispensed on 8/27/2015 Qty: 2: 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: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of radicular pain. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. Patient has been using TENS since 2013. There is no documentation of how often the unit is being used or documentation of any functional or pain improvement. Provider has only documented vague statements concerning that it was "helping" and yet mentions that surgery was being planned. TENS is not recommended therefore any supplies are not indicated either. TENS electrodes are not medically necessary.