

Case Number:	CM15-0202048		
Date Assigned:	10/16/2015	Date of Injury:	06/06/2005
Decision Date:	11/30/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 69 year old male, who sustained an industrial injury on 6-6-05. The injured worker was diagnosed as having chronic low back pain, history of left ankle fracture and hip pain. Subjective findings (8-25-15) indicated low back pain and numbness into the posterior buttock and posterior thigh on the right side. Objective findings (8-25-15) revealed tenderness at the lumbar paraspinal musculature and a positive Faber's maneuver in the hip. There is also bilateral shoulder pain, left worse than right. As of the PR2 dated 9-22-15, the injured worker reports pain in his low back, left foot and ankle. He has been managing some of the symptoms with his TENS unit. Objective findings include tenderness at the lumbar paraspinal musculature and a positive Faber's maneuver in the hip. The treating physician noted that the injured worker is currently retired. Treatment to date has included chiropractic treatments x 2 sessions (causing increased back pain), physical therapy x 3 sessions (unable to continue due to pain), a TENS unit (since at least 1-6-15) and Norco. The Utilization Review dated 10-2-15, non-certified the request for TENS unit pads #1 set of 4 purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit pads #1 set of 4 purchase: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit pads #1 set of four for purchase is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic low back pain; hip pain; history left ankle fracture. Date of injury is June 6, 2005. Request for authorization is September 30, 2015. According to a January 6, 2015 progress note, the injured worker utilizes a TENS unit and takes Norco for pain. According to a September 22, 2015 progress note, subjective complaints include low back pain, left foot and ankle pain with tightness in the hip. The injured worker received chiropractic treatment, physical therapy and TENS. Objectively, there is tenderness to palpation of the lumbar spine. There is no documentation in the medical record regarding frequency of use. There is no documentation demonstrating objective functional improvement with ongoing TENS use. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and frequency of use, TENS unit pads #1 set of four for purchase is not medically necessary.