

Case Number:	CM15-0202790		
Date Assigned:	10/20/2015	Date of Injury:	04/24/2013
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/15/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old female, who sustained an industrial-work injury on 4-24-13. A review of the medical records indicates that the injured worker is undergoing treatment for acute lumbar strain. Medical records dated 8-20-15 indicate that the injured worker complains of lumbar pain that is rated 6 out of 10 on the pain scale which is unchanged from previous visits. Per the treating physician report dated 8-20-15 the injured worker has returned to work. The physical exam dated 8-20-15 reveals lumbar tenderness to palpation. The medical record dated 7-5-15 documents continue transcutaneous electrical nerve stimulation (TENS) unit. The physician indicates in the medical record dated 8-20-15 that he recommends a 30 day extension of the transcutaneous electrical nerve stimulation (TENS) unit. Treatment to date has included pain medication Tramadol, compounded creams, transcutaneous electrical nerve stimulation (TENS), and other modalities. The request for authorization date was 8-24-15 and requested service included TENS (Transcutaneous Electrical Nerve Stimulation) unit for 30 days. The original Utilization review dated 9-15-15 non-certified the request for TENS (Transcutaneous Electrical Nerve Stimulation) unit for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: With respect to chronic pain and according to the MTUS, 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, for conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. The MTUS states that although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain (including medications). In this case, a treatment plan outlining short and long term goals for TENS therapy has not been established per the provided records and there is no evidence to support functional improvement from use of TENS that would strongly support extending treatment a further 30 days. Therefore at this time and based on the provided records, the request for TENS for a 30 day extension cannot be considered medically necessary.