

Case Number:	CM15-0203058		
Date Assigned:	10/19/2015	Date of Injury:	11/16/2013
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
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: 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 40 year old female, who sustained an industrial injury on 11-16-13. The injured worker was being treated for lumbar degenerative and lumbar strain-sprain. On 9-24-15, the injured worker reports symptoms from MVA have resolved from upper body; she reports (TENS) has decreased spasms, however it has stopped working. She is currently working full time. She rates her pain 3 out of 10 and 6-7 out of 10 during flare-ups, she is able to walk one hour and medications are keeping her with a modicum of functional status. On 9-24-15, physical exam revealed spasm along entire spine and tenderness to palpation of L4-5 on right and right sacroiliac joint. MRI of lumbar spine performed on 6-25-15 revealed no visible disease of lumbar spine. Treatment to date has included (TENS unit), transcutaneous electrical nerve stimulation unit, oral medications including Flexeril, Tylenol, Ibuprofen and Norco; Lidoderm patches and activity modifications. Request for authorization was submitted on 9-24-15 for (TENS unit) transcutaneous electrical nerve stimulation unit. On 10-6-15 utilization review non-certified (TENS unit).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit and Supplies: 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): Electrical stimulators (E-stim).

Decision rationale: The requested TENS Unit and Supplies, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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." The injured worker reports (TENS) has decreased spasms, however it has stopped working. She is currently working full time. She rates her pain 3 out of 10 and 6-7 out of 10 during flare-ups, she is able to walk one hour and medications are keeping her with a modicum of functional status. On 9-24-15, physical exam revealed spasm along entire spine and tenderness to palpation of L4-5 on right and right sacroiliac joint. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS Unit and Supplies is not medically necessary.