

Case Number:	CM15-0204137		
Date Assigned:	10/20/2015	Date of Injury:	09/25/2013
Decision Date:	12/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33 year old female with an industrial injury date of 09-25-2013. Medical record review indicates she is being treated for lumbar discogenic syndrome. Subjective complaints (09-03-2015) included low back pain radiating to upper back and sometimes left lower extremity posteriorly. The pain is described as "burning sensation." The injured worker was working part time (6 hours per day) with restrictions. Objective findings (09-03-2015) included range of motion was 75% of normal in all planes. Prior treatments included acupuncture (helpful), lumbar epidural steroid injection ("not helpful at all.") Current medications (09-03-2015) included Cyclobenzaprine, Naproxen, Omeprazole and LidoPro Ointment. The treatment plan included a TENS unit. On 09-17-2015 the request for retrospective transcutaneous electrical nerve stimulation (TENS) unit date of service 09-03-2015 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective transcutaneous electrical nerve stimulation (TENS) unit (DOS 09/03/2015):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines in Workers' Compensation (ODG Treatment Guidelines).

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

Decision rationale: The patient presents with pain affecting the lower back. The current request is for Retrospective transcutaneous electrical nerve stimulation (TENS) unit (DOS: 09/03/2105). The treating physician states in the report dated 9/3/15, "TENS trial today. Pre-tx: 6/10 Post-tx: 4/10. Reduce pain during trial. Hopefully this can reduce the need for oral pain meds, increase ROM and improve functional restoration. Dispensed for home use today after instructing on use and safety." (15B) The MTUS Guidelines state, "A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I." In this case, the treating physician has not documented how long the trial prescription would be for or if the patient has had a previous trial with a TENS unit. The current request is not medically necessary.