

Case Number:	CM15-0205353		
Date Assigned:	10/22/2015	Date of Injury:	09/19/2012
Decision Date:	12/04/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31 year old female, who sustained an industrial injury on 9-19-12. The injured worker was diagnosed as having lumbago and degenerative disc disease with disc protrusion. Treatment to date has included medication such as Ibuprofen, Exoten-C, and Terocin patches. Physical examination findings on 9-4-15 included tenderness, spasming, and guarding with palpation of the paralumbar muscles. Muscle strength of the lower extremities and deep tendon reflex were normal. Decreased sensation of the L5 and S1 distributions were noted and a straight leg raise test was positive on the left. On 9-4-15, the injured worker complained of low back pain. The treating physician requested authorization for a TENS unit and supplies for purchase (rental or purchase). On 10-15-15 the request 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:

TENS unit and supplies for purchase (rental or 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 rationale: The claimant sustained a work injury in September 2012 when working as a picker and is being treated for low back pain with left lower extremity radicular symptoms. When seen, she was having low back pain. Prior treatments had included physical therapy and TENS had been used during treatments and had been an effective adjunct to her rehabilitation. Physical examination findings included lumbar tenderness with spasms and guarding. There was decreased left lower extremity sensation with positive straight leg raising. A TENS unit with supplies for rental or purchase was requested. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a non-invasive conservative option. During the trial it should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. A trial of TENS is medically necessary. However, requesting a unit for rental for an unspecified duration or for purchase without the results of a home based trial of use cannot be accepted as being medically necessary.