

Case Number:	CM15-0206774		
Date Assigned:	10/23/2015	Date of Injury:	06/18/2001
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
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: California

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 72 year old female, who sustained an industrial injury on 6-18-2001. The injured worker is undergoing treatment for: lumbago, neck sprain, lumbar disc displacement and spondylosis, and disorders of the sacrum. On 7-13-15, and 9-14-15, she reported her neck and low back symptoms to be unchanged. She reported continued muscle spasms and cramping in her legs. She rated her pain 5-6 out of 10. She is noted to get stomach upset with naproxyn. Physical examination revealed limited lumbar range of motion, tenderness in the lumbar paraspinals, positive Patrick test bilaterally, and negative straight leg raise testing bilaterally, positive facet loading. The treatment and diagnostic testing to date has included: medications, lumbar medial branch block (5-5-15). Medications have included: Lidoderm patches, naproxyn, and Flexeril. Current work status: no restrictions. The request for authorization is for: TENS unit for home use. The UR dated 10-2-2015: non-certified the request for TENS unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Home Use: 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 patient was injured on 06/18/01 and presents with low back pain and neck pain. The request is for a TENS Unit for Home Use. The RFA is dated 09/17/15 and patient does not have any work restrictions. MTUS Guidelines, Transcutaneous Electrotherapy section, page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient is diagnosed with lumbago, neck sprain, lumbar disc displacement, and spondylosis, and disorders of the sacrum. The 09/14/15 report states that "she wants a TENS unit." The reason for the request is not provided and there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. A trial of TENS may be reasonable. However, it is unclear if the treater is requesting for a one-month trial or a purchase. Therefore, the request IS NOT medically necessary.