

Case Number:	CM15-0020278		
Date Assigned:	02/09/2015	Date of Injury:	05/21/2001
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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, 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 was a 58 year old male, who sustained an industrial injury, May 21, 2001. According to progress note of December 31, 2014, the injured workers chief complaint was low back pain. The injured worker's low back pain was chronic. The injured worker was attending physical therapy and using an H-wave device and pain medication was controlling the injured worker symptoms. The injured worker was diagnosed with chronic low back pain, degeneration of intervertebral disc, ulnar nerve entrapment, displacement of lumbar intervertebral disc without myelopathy, carpal tunnel syndrome and degeneration lumbar intervertebral disc. The injured worker previously received the following treatments 6 sessions of physical therapy, Norco, Ibuprofen and Lidoderm Patches. According to the progress note of December 31, 2014, the injured worker stated that the TENS (transcutaneous electrical nerve stimulator) unit was not allowing for pain relief. The injured worker was using an H-wave during physical therapy, which was extremely helpful and the physician was to request an H-wave device. On December 31, 2014, the primary treating physician requested TENS (transcutaneous electrical nerve stimulator) unit for lower back pain. On January 14, 2015, the Utilization Review denied authorization for TENS (transcutaneous electrical nerve stimulator) unit. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July).

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, the requesting physician has indicated that TENS unit was not helpful for the patient's complaints. Therefore, the currently requested TENS unit is not medically necessary.