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| Case Number: | CM15-0026895 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 02/02/2011 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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 44 year old male who sustained an industrial related injury on 2/2/11. The injured worker had complaints of lumbar back pain. The diagnosis was noted to be L1-2 disc herniation. Treatment included L1 spinous process trigger point injections and a TENS unit. The treating physician requested authorization for a TENS unit purchase for the lumbar spine and an office visit with [REDACTED] x1 for TENS evaluation and instruction. On 1/27/15 the requests were non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and noted TENS is not generally recommended for chronic lower back conditions. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116.

Decision rationale: The patient was injured on 02/02/2011 and presents with lumbar spine pain. The request is for a TENS UNIT PURCHASE for lumbar spine. The RFA is dated 01/19/2015, and the patient has modified work, lifting up to 50 pounds. The 01/19/2015 report requests for a TENS unit for home use. Per MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a one-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 documentation of functional improvement, additional usage may be indicated. In this case, there is no mention of the patient previously using the TENS unit for a one-month trial as required by MTUS Guidelines. There are no discussions regarding any outcomes for pain relief and function. The patient does present with pain in his lumbar spine. The patient has tenderness in the L1 spinous process with trigger points in that area. A 1-month trial may be reasonable; however, the treater is requesting for a purchase. Therefore, the requested TENS unit purchase for the lumbar spine IS NOT medically necessary.

Office Visit for TENS Evaluation and Instruction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient was injured on 02/02/2011 and presents with lumbar spine pain. The request is for a OFFICE VISIT FOR TENS EVALUATION AND INSTRUCTION. The RFA is dated 01/19/2015, and the patient has modified work, lifting up to 50 pounds. The 01/19/2015 report requests for a TENS unit for home use. ACOEM Practice Guidelines 2nd edition (2004) page 127 state the following, "Occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient presents with pain in his lumbar spine. The patient has tenderness in the L1 spinous process with trigger points in that area. In this case, the requested TENS unit is not authorized. Therefore, the office visit for TENS unit evaluation and instruction is not necessary. The request IS NOT medically necessary.