

Case Number:	CM15-0029527		
Date Assigned:	02/23/2015	Date of Injury:	12/28/1987
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/17/2015

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: Preventive Medicine, Occupational Medicine

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 60 year old male, who sustained a work/ industrial injury on 12/28/87 from cumulative trauma. He has reported symptoms of increased back pain over the past month. Prior medical history was not documented. The diagnoses have included chronic back pain, lumbar disk disease, facet generated pain, radicular symptoms in the legs, denervation at L5-S1 nerve roots, depression, and urinary complaints. Treatments to date included medications, psychotherapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and home exercises. Medications included Fentanyl patch, Amitriptyline, Cymbalta, and Norco. Examination revealed restricted range of motion of the lumbar spine, muscle spasm and tenderness in the right and left paralumbar soft tissues, straight leg raise remains positive on the right, negative on the left, and reflexes remained depressed at the right patella. A request was made for a replacement Transcutaneous Electrical Nerve Stimulation (TENS) unit since the one that the IW was using for the past 20 years was no longer working. On 2/4/15, Utilization Review non-certified an Outpatient Durable medical equipment (DME) for a replace TENS unit, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Durable medical equipment (DME) for a replace TENS unit: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 68.

Decision rationale: Patient has a long history of successful use with a previous TENS Unit. Previous unit has worn out from 15 years of use. Patient does meet the criteria necessary for the purchase of a new TENS unit. I am reversing the previous utilization review decision. Outpatient Durable medical equipment (DME) for a replace TENS unit is medically necessary.