

Case Number:	CM15-0212898		
Date Assigned:	11/02/2015	Date of Injury:	04/22/2011
Decision Date:	12/18/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	10/29/2015

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: Family Practice

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 47 year old female, who sustained an industrial injury on 4-22-2011. Medical records indicate the worker is undergoing treatment for lumbar disc displacement and congenital spondylolisthesis. A recent progress report dated 10-21-2015, reported the injured worker complained of low back pain intermittently but not at visit time. Physical examination revealed an antalgic gait and normal muscle tone. Treatment to date has included TENS (transcutaneous electrical nerve stimulation) with benefit, bilateral epidural steroid injection, physical therapy and medication management. The injured worker returned to work on 10-19-2015. On 10-23-2015, the Request for Authorization requested Electrodes, alcohol wipes and batteries for home TENS unit, quantity 1. On 10-29-2015, the Utilization Review non-certified the request for Electrodes, alcohol wipes and batteries for home TENS unit, quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes, alcohol wipes and batteries for home TENS unit, quantity 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis. The medical records note that the injured worker has utilized a Tens unit with efficacy. The medical records note that the injured worker has returned to work. Given that the injured worker has benefited from utilization of a Tens unit and has returned to work, the request for supplies is supported. The request for Electrodes, alcohol wipes and batteries for home TENS unit, quantity 1 is medically necessary and appropriate.