

Case Number:	CM15-0217675		
Date Assigned:	11/09/2015	Date of Injury:	05/13/2015
Decision Date:	12/21/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/05/2015

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 38-year-old male, who sustained an industrial injury on 5-13-15. The injured worker was being treated for chronic pain due to trauma, lumbago with sciatica on right and spondylosis without myelopathy or radiculopathy of lumbosacral region. On 9-7-15 the injured worker complained of low back pain with some radiation to right groin and on 9-21-15, the injured worker complains of mid and low back pain on right which is increased with leaning forward and rising from a sitting position; he also complains of stiffness with no spasms; he notes the pain radiates to his right buttock with tingling and numbness in right foot. He rates the pain 3-9 out of 10 and notes it is improved with medications and rest. Work status is noted to be modified duties. Physical exam performed on 9-7-15 and 9-21-15 revealed tenderness over right lower lumbar facets, diminished sensation to touch and pinprick over the distribution of S1 right calf and right foot, weakness with right EHL and plantar flexion and difficulty with right sided standing on toes or heels. MRI of lumbar spine performed on 7-30-15 revealed L5-S1 mild degenerative change of facet; otherwise normal study. Treatment to date has included physical therapy, oral medications including Norco, Dilaudid, Omeprazole, Diclofenac Sodium and Cyclobenzaprine; and activity modifications. The treatment plan on 9-7-15 included request for chiropractic care, TENS unit and refilling of Norco. On 10-27-15 request for TENS unit for purchase was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for 1 Purchase Of Transcutaneous Electrical Nerve Stimulation (TENS) Unit between 10/8/2015 and 10/8/2015: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain for diagnosis such as neuropathy or CRPS of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There is no documentation specific previous trial of benefit if any, in terms of decreased VAS score, decreased pharmacological profile of dosing and use with plan for Norco refill, decreased medical utilization, nor is there any documented short-term or long-term goals of treatment with the TENS unit from treatment previously rendered to support for the purchase of the unit. The Retrospective for 1 Purchase Of Transcutaneous Electrical Nerve Stimulation (TENS) Unit between 10/8/2015 and 10/8/2015 is not medically necessary and appropriate.