

Case Number:	CM15-0219487		
Date Assigned:	11/12/2015	Date of Injury:	08/27/2012
Decision Date:	12/29/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, New York, 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 applicant is a represented 38-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 27, 2014. In a Utilization Review report dated November 5, 2015, the claims administrator failed to approve a request for a home TENS unit 2-month rental. An October 28, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said October 28, 2015 office visit, the applicant was given a rather proscriptive 15-pound lifting limitation. Persistent complaints of low back and neck pain were reported. The applicant had both cervical and lumbar radicular pain complaints, the treating provider reported. Norco, Lyrica, a TENS unit, and Flexeril were all seeming endorsed. It was not clearly stated whether the applicant was or not working with said 15-pound limitation in place. On September 2, 2015, the same, unchanged, 15-pound lifting limitation was imposed, while Norco, Flexeril, and an epidural steroid injection were all seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home tens unit for low back pain #1 x 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation BlueCross BlueShield: TENS, CMS: The use of

TENS, Aetna and Humana, VA: TENS, European Federation of Neurological Societies (EFNS): TENS.

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

Decision rationale: No, the request for a home TENS unit for the low back "2-month rental" was not medically necessary, medically appropriate, or indicated here. While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does recommended a one-month trial of a TENS unit in applicants with chronic intractable pain of greater than three months duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed, here, however, multiple progress notes, referenced above, including the October 28, 2015 office visit, suggested that the applicant was, in fact, using a variety of analgesic and adjuvant medications to include Lyrica, Norco, Flexeril, etc. There was no mention of the applicant having failed said analgesic medications. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that said TENS unit trial should be employed as an adjunct to other treatment modalities within a functional restoration approach of treatment. Here, however, multiple progress notes, referenced above, including the October 28, 2015 office visit at issue, did not clearly state whether the applicant was or was not working with a rather proscriptive 15-pound lifting limitation in place. Finally, the two-month trial rental of the TENS unit device represented treatment in excess of the one-month trial rental recommend on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Since multiple criteria for pursuit of a TENS unit on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines were not met, the request was not indicated. Therefore, the request is not medically necessary.