

Case Number:	CM15-0034280		
Date Assigned:	03/02/2015	Date of Injury:	09/19/1998
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/24/2015

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 48 year old male who sustained an industrial injury on 09/19/1998. Current diagnoses include Vitamin D deficiency, lumbar degenerative disc disease with intractable low back pain, failed back surgery syndrome lumbar secondary to industrial injury, fatigue, depression, insomnia, and degenerative joint disease bilateral knees. Previous treatments included medication management. Report dated 02/02/2015 noted that the injured worker presented with complaints that included chronic low back pain and knee pain. Pain level was rated as 4 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/02/2015 non-certified a prescription for TENS supplies, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TENS Page(s): 116.

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

Decision rationale: According to the 01/02/2015 hand written report, this patient presents with low back pain and bilateral knee pain. The current request is for TENS supplies. The request for authorization is not included in the file for review. The patient's work status was not mentioned in the provided reports. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." In reviewing the provided reports, the patient present with neuropathic pain and has fail back surgery syndrome of the lumbar spine. In this case, the treating physician does not discuss how the TENS unit is used and with what efficacy. MTUS guidelines require that the treater provide documentation of pain and functional benefit with use of the TENS unit. Furthermore, there is no description of what "supplies" is being requested. Therefore, the request IS NOT medically necessary.