

Case Number:	CM15-0036005		
Date Assigned:	03/04/2015	Date of Injury:	02/22/2014
Decision Date:	04/14/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii

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:

This 60 year old female sustained a work related injury on 02/22/2014. According to a progress report dated 01/29/2015, the chief complaint included work related injury thoracic and lumbar spine. She had been undergoing aquatic therapy that had been helping but she continued to have significant pain. Pain was rated 6 on a scale of 1-10. She reported limited intake of Ultracet due to dizziness and she did not get a refill of Tizanidine. Current medications included Ultracet and Acetaminophen. Diagnoses included lumbago, sprain lumbosacral, spinal stenosis lumbar and lumbosacral neuritis not otherwise specified. Treatment plan included Ultracet at night, Tylenol during the daytime, continue with aqua therapy, request for right paracentral L5-S1 interlaminar epidural steroid injection under fluoroscopy, TENS unit trial for chronic pain and flexion and extension films of the thoracolumbar spine. The injured worker was on modified duty with restrictions of lifting no more than 10 pounds, no bending from the waist and no prolonged walking, sitting or standing. On 02/16/2015, Utilization Review modified authorization for one month trial use of a 2-lead TENS unit. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines pages 114-115. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Trial Rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 116.

Decision rationale: The patient presents with significant low back pain rated a 6 out of 10. The current request is for TENS unit trial rental which the UR modified to a one month trial use of a 2-lead TENS unit. The treating physician states on 1/29/15 (B88) "RFA will be sent for TENS unit trial for chronic pain." According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." And "a treatment plan including the short- and long term goals of treatment with the TENS unit should be submitted." In this case, the treating physician did not specify the amount of time for the trial rental. The current request is not medically necessary and the recommendation is for denial.