

Case Number:	CM15-0036286		
Date Assigned:	03/04/2015	Date of Injury:	08/04/2014
Decision Date:	04/22/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/26/2015

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 43-year-old male, who sustained an industrial injury on August 4, 2014. The injured worker had reported a back injury. The diagnoses have included lumbar strain, lumbago, lumbar radiculitis and chronic pain syndrome. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated January 6, 2015 notes that the injured worker complained of low back pain, which radiated into the bilateral lower extremities. Associated symptoms included numbness and difficulty with sleep. Physical examination of the lumbar spine revealed tenderness to palpation with bilateral spasms and a positive straight leg raise test bilaterally. Range of motion was limited secondary to pain and sensation to light touch was noted to be decreased on the right. The treating physician's recommended plan of care included a transcutaneous electrical nerve stimulation unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The most recent report provided is the Doctor's First Report of 01/06/15 that states the patient presents with lower back pain with listed diagnoses of Lumbosacral neuritis or radiculitis, Chronic Pain Syndrome and Lumbar Sprain/Strain. The current request is for TENS UNIT FOR HOME. The RFA is not included; however, the 02/06/15 utilization review states the RFA is dated 01/21/15. The patient is working with modified duty restrictions. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation)(p114-116) states, Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. MTUS further states use is for neuropathic pain. The 01/06/15 report states the patient is RTC in 2 weeks for TENS trial. No reports discuss the current request. The reports provided show the patient received physical therapy with no improvement. PT treatment notes included from 08/12/14 to 09/31/14 are handwritten and difficult to interpret. They show no evidence of TENS treatment for this patient. In this case, the current request is not a primary treatment modality as the patient is prescribed medications. TENS is indicated for this patient's neuropathic pain/CRPS; however, the MTUS guidelines require a 30-day trial of TENS and no evidence is provided of a successful trial. Therefore, the request IS NOT medically necessary.