MAXIMUS Federal Services

Case Number:	CM15-0037152		
Date Assigned:	03/05/2015	Date of Injury:	02/07/2006
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 47 year old male, who sustained an industrial injury on February 7, 2006. The diagnoses have included chronic low back pain with left leg symptoms and persistent left elbow pain. Treatment to date has included Gabapentin, Norco, Non-steroidal anti-inflammatory drug and TENS unit on June 15, 2006 an Magnetic resonance imaging of the lumbar spine was done. Currently, the injured worker complains of low back pain with radicular symptoms into his lower extremities. In a progress note dated November 4, 2014, the treating provider reports there are no changes. The UR on found the request for 1 TENS unit leads Qty: #1 (package of 4), dispensed, as an outpatient for the management of chronic pain to be non-certify citing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit leads Qty: #1 (package of 4), dispensed , as an outpatient, for the management of chronic low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, effective July 18, 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical

Equipment (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of TENS unit leads, but does address TENS unit. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as: durable and can withstand repeated use; used for a medical reason; not usually useful to someone who isn't sick or injured; appropriate to be used in your home. While TENs unit leads do meet criteria as durable medical equipment, the medical notes do not establish benefit from ongoing usage of a TENs unit. The treating physician notes that TENs unit "is very beneficial and her uses it frequently," but does not include objective or subjective findings to substantiate. Given lack of documented improvement, the continued usage of TENs does not appear to be indicated and therefore the associated patches also do not appear to be indicated. As such, the request for 1 TENS unit lead Qty: #1 (package of 4), dispensed, as an outpatient for the management of chronic low back pain is not medically necessary.