MAXIMUS Federal Services

Case Number:	CM15-0038437		
Date Assigned:	03/04/2015	Date of Injury:	02/16/2012
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 54 year old female, who sustained an industrial injury on 2/16/12. On 3/2/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of low back pain. The medical documentation reports two back surgeries: (3/4/12) microscopic right-sided hemilaminectomy, partial median fasciectomy, foraminotomy and (7/7/12) microscopic discectomy L5-S1. The diagnoses have included thoracic/lumbosacral neuritis NOS; low back pain; myofascial pain. Treatment to date has included physical therapy; status post lumbar L5-S1 laminectomy (3/4/12 and again on 7/7/12)); medications. There are no diagnostic studies or operative reports submitted for review. A Utilization Review was completed on 2/4/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Review for purchase of TENS unit and supplies for Dos: 12/30/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

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

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for review for purchase of TENS unit and supplies for DOS: 12/30/14. The treating physician states, "The Patient has chronic, intractable pain that has been persistent since her injury. It is medically necessary that (the patient) receives TENS to continue to help aid, control, and relieve her condition. The goal of treatment is to improve functional restoration and reduce pain". (43C) The MTUS guidelines state, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted". In this case, the treating physician states that the patient's pain went from a 6/10 to a 3/10 after use of the TENS unit but did not state how often the TENS unit was used, if the patient had any functional improvement, and the patient continues to take the same pain medications. The current request is not medically necessary and the recommendation is for denial.