

Case Number:	CM15-0038506		
Date Assigned:	03/09/2015	Date of Injury:	11/27/1999
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
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, Arizona

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 37-year-old male who reported an injury on 11/27/1999 due to an unspecified mechanism of injury. On 02/14/2015, he presented for a follow up evaluation. He reported low back pain that radiated into the legs with numbness and tingling rated at 7/10. He was noted to be using his TENS unit regularly and extensively twice a day which was mildly helpful. He was using naproxen as needed for pain, but felt that it made him dizzy and stated that he could not tolerate gabapentin. He reported having great results from acupuncture therapies in the past and stated that he would like to return. It was stated that the rationale for the visit on that day was for a home exercise program. A physical examination showed tenderness to palpation and lumbar spasm at the lumbar PSM and parafacet regions at the L4, L5, and S1. There was also tenderness to palpation in the SI joint with left raise. He was diagnosed with chronic low back pain, chronic lumbar musculoligamentous sprain and strain, and lumbar radiculopathy. The treatment plan was for a TENS unit. The rationale for treatment was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 115-117.

Decision rationale: The California MTUS Guidelines state that the use of a TENS unit is recommended when there is evidence that the injured worker has tried and failed all recommended conservative care options and that they are using the TENS unit as an adjunct to a program of evidence based functional restoration. A 30 day trial is preferred prior to a purchase and a purchase is only recommended when the injured worker has had a satisfactory response to a 30 day trial as defined on by the guidelines. The documentation submitted for review does show that the injured worker reported getting use from his TENS and stated that he was using it regularly twice a day. However, further clarification is needed regarding whether the request is for a rental or purchase and whether or not the injured worker has undergone a 30 day trial. Also, documentation regarding the duration of the sessions was not stated. Furthermore, there is a lack of documentation showing that the injured worker is currently participating in a program of evidence based functional restoration to support the request. Therefore, the request is not supported. As such, the request is not medically necessary.