MAXIMUS Federal Services

Case Number:	CM15-0041242		
Date Assigned:	03/11/2015	Date of Injury:	08/01/2003
Decision Date:	04/17/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 76-year-old man sustained an industrial injury on 8/1/2003. The mechanism of injury is not detailed. Current diagnoses include lumbosacral/joint/ligament sprain/strain and pirifomis syndrome. Treatment has included oral medications. Physician notes on a PR-2 dated 1/8/2015 show complaints of pain rated 6/10 to the low back. The worker has been trialing a TENS unit and reports improved pain levels stating that her pain rating has decreased to 3-4/10, however, is not sure about range of motion improvements. Recommendations include TENS unit for home use, continue current medication regimen, home exercise program for the back, awaiting authorizations for MRI of lumbar spine, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use (lumbar spine) (dispensed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit home use (lumbar spine) dispensed is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. There is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured workers working diagnoses are lumbosacral/joint/ligament sprain/strain; and piriformis syndrome. According to progress note dated January 8, 2015 the treating physician indicates he performed a TENS trial in the office for 15 minutes. The treating physician stated the injured worker tolerated the trial well, pain decreased to 3 - 4/10 with muscles more relaxed but uncertain about range of motion. The guidelines indicate a TENS trial lasts one month with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Additional evidence should state other appropriate pain modalities have been tried and failed. There should be specific short and long-term goals submitted. There was no one-month trial (it was an office space 15 minute trial). There were no short and long-term goals submitted in the documentation. Consequently, absent clinical documentation with an appropriate one month clinical trial pursuant to the criteria enumerated in the guidelines, TENS unit home use (lumbar spine) dispensed is not medically necessary.