

Case Number:	CM15-0042748		
Date Assigned:	03/12/2015	Date of Injury:	11/28/2012
Decision Date:	04/24/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/06/2015

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: District of Columbia, Virginia
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:

The injured worker is a 60 year old male, who sustained an industrial injury on 11/28/2012. He was diagnosed as having lumbar radiculopathy. Treatment to date has included diagnostic imaging including magnetic resonance imaging (MRI), medications, epidural steroid injections and work modifications. He underwent a L3-4 foraminotomy, microdiscectomy and lateral recess decompression dated 3/19/2013. Per the Primary Treating Physician's Progress Report dated 1/28/2015, the injured worker reported lower back pain with pain into the buttocks. Physical examination revealed a stable, steady gait. He has pain localized to the distal lumbar region with radiation into the buttocks. There is generalized tenderness to palpation in the lumbar region and increased pain with range of motion. The plan of care included medications, laboratory evaluation, repeat epidural steroid injections and TENS unit. Authorization was requested on 1/28/2015 for a home TENS home unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase of home TENS unit two lead: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792
Page(s): 115-116.

Decision rationale: Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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. Per review of the clinical documentation provided, this patient would not need purchase of a home TENS unit. Guidelines state that a trial of TENS may be initiated, if other concurrent treatment is tried. 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. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Therefore this treatment is not medically necessary.