

Case Number:	CM15-0043129		
Date Assigned:	03/13/2015	Date of Injury:	01/16/2002
Decision Date:	04/17/2015	UR Denial Date:	02/09/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male, who sustained an industrial injury on January 16, 2002. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having discogenic low back pain, lumbar spondylosis, and anxiety. Treatment to date has included medication. Currently, the injured worker complains of low back pain, with anxiety over his chronic pain and disability. The Primary Treating Physician's report dated January 13, 2015, noted the injured worker reported functional improvement and pain relief with the adjunct of his medication. The lumbar spine was noted to have tenderness about the lower lumbar paravertebral musculature, with negative sitting straight leg raise bilaterally. The Provider noted the request that the injured worker be provided with a TENS unit as an adjunct for chronic pain management, with the hope that the injured worker will be able to continue to work in his current capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic low back pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Therefore the requested TENS unit purchase was not medically necessary.