

Case Number:	CM15-0043942		
Date Assigned:	03/13/2015	Date of Injury:	02/27/2014
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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

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 34 year old male, who sustained an industrial injury on 2/27/2014. He reported hurting his back doing heavy lifting. The diagnoses have included sciatica and lumbar disc herniation. Treatment to date has included physical therapy, chiropractic manipulation, acupuncture and medication. According to the progress report dated 1/27/2015, the injured worker complained of low back pain radiating down the right leg to the heel. The pain was rated 1/10 and described as achy, throbbing and sore. Physical exam showed slight increased pain with extension and flexion. The treatment plan was for a Transcutaneous Electrical Nerve Stimulation (TENS) unit purchase; it was noted that the borrowed unit was helping a lot.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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, function, and medication usage. Within the documentation available for review, there is no indication that the patient has undergone a one-month TENS unit trial with documentation of how often the unit was used, as well as outcomes in terms of pain relief, function, and medication usage. Unfortunately, there is no provision for modification of the request to allow for a one-month formal trial of TENS. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.