

Case Number:	CM15-0051767		
Date Assigned:	03/25/2015	Date of Injury:	03/25/2000
Decision Date:	06/12/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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

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 54 year old female patient who sustained an industrial injury on 03/25/2000. A primary treating office visit dated 09/10/2014 reported the patient with subjective complaint of low-back with sharp, dull constant pain rated a 7 out of 10 in intensity and is worsened with prolonged sitting, better with stretching. The pain also radiates to the right buttock. Objective findings showed pain to palpation along the lumbar paraspinal muscles. She is diagnosed with lumbar radiculopathy. The plan of care involved: prescribing Thermacare patch, Rezerem, Baclofen, Valium, Ultram, and Gabapentin. The physician also dispensed the following: Anaprox, Xanax, a transcutaneous nerve stimulator unit, and a heating pad. She is to follow up in 1 month. The patient is to remain temporary totally disabled through 10/15/2014. A more recent office visit follow up dated 01/21/2015 reported the patient with no change in subjective complaint, medication regimen or plan of care. The treating diagnosis remains lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The TENS unit is not medically necessary and appropriate.