

Case Number:	CM15-0058006		
Date Assigned:	04/02/2015	Date of Injury:	05/03/2012
Decision Date:	05/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/26/2015

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 50 year old male, who sustained an industrial injury on 5/3/2012. He reported injury from lifting large boxes of watermelons over his head. The injured worker was diagnosed as having lumbosacral sprain/strain, left sided lumbosacral or thoracic neuritis or radiculitis and lumbar spine surgery in 2012. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 2/27/2015, the injured worker complains of low back pain that radiates to the left lower extremity. The treating physician is requesting TENS (transcutaneous electrical nerve stimulation).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The 50 year old patient complains of low back pain, rated at 3/10, that radiates to left lower extremity along with numbness, tingling and swelling, as per progress report dated 02/27/15. The request is for TENS UNIT PURCHASE. The RFA for the case is dated 03/26/15, and the patient's date of injury is 05/03/12. Diagnoses, as per progress report dated 02/27/15, lumbosacral joint and ligament sprain and strain, and left-sided lumbar or thoracic neuritis or radiculitis. The patient is status post lumbar surgery in October, 2012. Medications included Gabapentin, Cyclobenzaprine, Omeprazole and Menthoderm gel. The patient is off work, as per progress report dated 01/22/15. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that There is evidence that other appropriate pain modalities have been tried (including medication) and failed. Also, the recommended trial period is for only 30 days. In this case, the treating physician is requesting for TENS unit in progress report dated 02/27/15 as it is helpful for pain control. In progress report dated 03/26/15 after the UR denial date, the treating physician states that TENS unit is helpful BID with relaxing muscles and decreasing pain in low back for 2 hrs. Patient has had this TENS unit for home-use since 2013. Although the patient has been using the device for some time, there is no documentation of objective functional improvement. Additionally, there is no treatment plan with short- and long-term goals. Hence, this request IS NOT medically necessary.