

Case Number:	CM15-0060984		
Date Assigned:	04/07/2015	Date of Injury:	11/07/1998
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/31/2015

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: Emergency 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 57 year old male, who sustained an industrial injury on November 7, 1998. The injured worker was diagnosed as having lumbago/low-back pain, testicular hypofunction, and lumbar/thoracic radiculitis. Treatment to date has included medication. Currently, the injured worker complains of lower back pain, extending to the right leg. The Primary Treating Physician's report dated January 27, 2015, noted the injured worker's pain increased due to activity, stress of the holidays, and weather changes, stable for the most part with the current medication schedule. The injured worker's current medications were listed as Nexium, Celebrex, Testosterone Cypionate, Soma, and Norco. Physical examination was noted to show tenderness at the lumbar spine and tenderness at the facet joint with decreased extension, decreased lateral bending, decreased rotation, and positive right straight leg raise. The treatment plan included a recommendation for a TENS unit to benefit and augment the injured worker's pain management therapy without taking more pain medications.

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 TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of radicular and back pain. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program, which is not documented. There is no documentation of short or long-term goal of TENS unit except for belief that it may decrease medication use. There is no documentation of an appropriate 1-month trial of TENS. Patient with chronic stable pain. It is unclear why there is sudden change of pain. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.