

Case Number:	CM15-0082645		
Date Assigned:	05/05/2015	Date of Injury:	05/29/2012
Decision Date:	06/17/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on 5/29/2012. She reported pain in her back and her right leg. Diagnoses have included lumbago, sacroiliac joint pain and lumbar radiculitis. Treatment to date has included epidural steroid injection, L5-S1 decompression and fusion (12/11/2014), physical therapy and medication. According to the progress report dated 3/10/2015, the injured worker complained of back pain rated 6/10. Exam of the lumbar spine revealed a healed wound and tenderness to palpation over the paraspinal musculature. A physical therapy noted dated 3/11/2015 documents that Electrical Stimulation was rendered t the lumbar paraspinals with a reduction in pain level. Authorization was requested for a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit to lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit to lumbar is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are status post lumbar decompression and fusion with minimal relief. The injured worker underwent L5 - S1 decompression and fusion on December 11, 2014. According to a progress note dated March 10, 2015, the injured worker's three months status post lumbar surgery. There is tenderness to palpation over the paraspinal muscle groups, but no tenderness over the spinous processes. Range of motion is otherwise normal. There is no documentation of a 30-day clinical trial. There is no documentation in the medical record indicating failure of conservative treatment with physical therapy and medications. There is no documentation of specific short and long-term goals associated with TENS. Consequently, absent clinical documentation with a one month TENS trial and failure of conservative treatment, TENS unit to lumbar is not medically necessary.