

Case Number:	CM15-0085745		
Date Assigned:	05/08/2015	Date of Injury:	06/13/2012
Decision Date:	06/10/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 44-year-old female, with a reported date of injury of 06/13/2012. The diagnoses include lumbar radiculopathy, muscle spasm, and lumbosacral strain. Treatments to date have included oral medications, topical pain medication, electrodiagnostic studies, and chiropractic treatment. The progress report dated 04/21/2015 indicates that the injured worker was there for a trial of a transcutaneous electrical nerve stimulation (TENS) unit. The injured worker continued to have low back pain with radiation down the bilateral lower legs. It was noted that the pain medications helped the pain more than 40%. The injured worker noticed some mid-gastric discomfort after taking non-steroidal anti-inflammatory drugs (NSAIDs). The objective findings include reduced lumbar range of motion, an abnormal heel/toe walk, left greater than right, tenderness to palpation of the paraspinal muscles and spasm. The treatment plan included a TENS unit trial on the day of the visit. The pain rating prior to treatment was 6 out of 10, and after treatment was 5 out of 10. She reported relief of pain and muscle tightness during the trial and after the trial. The treating physician hoped the TENS unit could improve her range of motion, functionality, and decreased the need for medication. The treating physician requested the purchase of a TENS unit.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

Decision rationale: CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, 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. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. In this case the claimant has not yet had a one month trial documented and the purchase of a TENS unit is not medically necessary at this time.