MAXIMUS Federal Services

Case Number:	CM15-0087467		
Date Assigned:	05/11/2015	Date of Injury:	07/09/1998
Decision Date:	06/19/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/06/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 55-year-old male, who sustained an industrial injury on 7/9/1998. Diagnoses have included low back pain, lumbar degenerative disc disease, lumbar foraminal stenosis at L3-4 and L4-5, lumbar spondylolisthesis, right foot pain and thoracic scoliosis. Treatment to date has included physical therapy, chiropractic treatment, trigger point injections and medication. According to the progress report dated 3/31/2015, the injured worker complained of worsening sharp pain in the right low back with radiation down both legs. He complained of numbness from the left buttock radiating to the groin/hip region. He reported vomiting last week after taking three etodolac tablets in one day for his increasing pain. The injured worker continued to work full time. Physical exam revealed tightness and tenderness of the upper trapezius muscles. Musculoskeletal exam revealed marked spasming of the lumbar paraspinal muscles, especially on the right. Authorization was requested for a transcutaneous electrical nerve stimulation (TENS) unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Trial of TENS unit: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 113-117, 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the OD guidelines recommend that TENS unit treatment can be utilized for the management of chronic musculoskeletal pain. The beneficial effects from the use of TENS unit include, relief of pain, reduction of medications utilization and improvement of range of motion of the affected parts. The records indicate that the patient reported adverse effects with NSAIDs utilization. The criteria for the use of TENS unit trial was medically necessary.