MAXIMUS Federal Services

Case Number:	CM15-0235359		
Date Assigned:	12/11/2015	Date of Injury:	02/21/2013
Decision Date:	01/14/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/02/2015

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: Arizona, California
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 36 year old male who sustained an industrial injury on 02-21-2013. Medical records indicated the worker was treated for lumbago left shoulder pain and Post-Traumatic Stress Disorder. In the provider notes of 09-30-2015 the worker is seen for pain management. He reported panic attacks, night mares, depression, and lack of sleep. His medications include Zoloft, Prazosin, Ativan, and Ambien and reports less nightmares with use of Prazosin. His visit to the orthopedic physician (08-05-2015) is for complaint of bilateral shoulder pain rated 6 on a scale of 0-10, right elbow pain with stiffness, and low back pain rated an 8 on a scale of 0-10 with soreness and aches. The worker is using Naproxen which is reported to relieve his pain by approximately 25% and Tramadol every six hours as needed (no indication is given of how well the Tramadol works). On exam, he has normal gait, no tenderness in the shoulder and negative drop test with no impingement. He has diffuse tenderness in the right elbow with normal range of motion. The lumbar spine has decreased range of motion with flexion 70%, Extension 10 percent, diffuse tenderness and low back pain with the range of motion testing. Straight leg rising with worker sitting is negative bilaterally. The treatment plan of care was for use of a home transcutaneous electrical nerve stimulation (TENS) unit. There is no documentation of a TENS home unit trial. A request for authorization was submitted for TENS unit, lumbar spine, per 11-11-15 order. Qty: 1.00. A utilization review decision denied the request 11-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, lumbar spine, per 11/11/15 order. Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for long-term home use of a TENS unit is not medically necessary.