MAXIMUS Federal Services

Case Number:	CM15-0236915		
Date Assigned:	12/14/2015	Date of Injury:	10/18/2008
Decision Date:	01/15/2016	UR Denial Date:	11/21/2015
Priority:	Standard	Application Received:	12/04/2015

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 50-year-old male, who sustained an industrial injury on 10-18-2008. The injured worker was being treated for lumbosacral neuritis not otherwise specified, lumbago status post discectomy ay L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1), intervertebral disc disorder status post surgery, left sacroiliac sprain, chronic pain due to trauma, and depression. The injured worker (7-10-2015 and 9-8-2015) reported ongoing low back pain, which he rated 4-5 out of 10. The injured worker (11-6-2015) reported ongoing low back pain, which he rated 3 out of 10. He reported a greater than 50% improvement in his pain with the use of transcutaneous electrical nerve stimulation (TENS) and his current medications. He reported improved function with his daily use of the TENS unit, but was otherwise non-specific about what functions. The physical exam (7-10-2015, 9-8-2015, and 11-6-2015) revealed flattening of the lordotic curve, mild decreased range of motion in the lumbar spine with flexion due to pain, mild tenderness of the lumbar spine and paraspinals with mild paralumbar muscle tightness, and moderate point tenderness of the left sacroiliac area reproducing his pain. Treatment has included physical therapy, a functional capacity evaluation, a home exercise program, sacroiliac joint injections, and medications including pain, anti-epilepsy, antidepressant, and non-steroidal anti-inflammatory. Per the treating physician (11-6-2015 report), the injured worker was advised he could return to modified work. However, he was not currently employed. On 11-13-2015, the requested treatments included a TENS unit. On 11-21-2015, the original utilization review non-certified a request for 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: 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): Electrical stimulators (E-stim).

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The treating physician has documented flattening of the lordotic curve, mild decreased range of motion in the lumbar spine with flexion due to pain, mild tenderness of the lumbar spine and paraspinals with mild paralumbar muscle tightness, and moderate point tenderness of the left sacroiliac area reproducing his pain. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, the request is not medically necessary.