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| Case Number: | CM14-0218979 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 08/25/2000 |
| Decision Date: | 03/04/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 12/31/2014 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51-year-old female worker sustained low back, right leg and hip injuries on 8/25/2000. The PR2 dated 8/20/14 states she presented with back pain (upper, mid-left, lower left). Treatments to date include breathing/relaxation, home exercise, ice/heat, TENS and pain medications and muscle relaxants. She was diagnosed with spondylosis, disc degeneration, chronic pain syndrome, post lumbar laminectomy syndrome, lumbar disc disorder, sciatica and low back pain. The treating provider requests a TENS unit and supplies due to successful pain relief in the past. The Utilization Review on 12/2/14 non-certified a TENS unit and supplies, citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-114.

Decision rationale: This 51 year old female has complained of low back pain since date of injury 8/25/2000. She has been treated with physical therapy, lumbar spine surgery, TENS unit and medications. The current request is for TENS unit and supplies. Per the MTUS guidelines cited above, 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, if used as an adjunct to a program of evidence-based function restoration for the following conditions: neuropathic pain to include diabetic neuropathy and post-herpetic neuralgia, chronic regional pain syndrome I and II, phantom limb pain, spasticity in spinal cord injury and multiple sclerosis. There is no documentation in the available medical records of any of these diagnoses. On the basis of the above MTUS guidelines and available medical record documentation, a TENS unit and supplies is not indicated as medically necessary in this patient.