MAXIMUS Federal Services

Case Number:	CM14-0092468		
Date Assigned:	07/25/2014	Date of Injury:	07/03/2013
Decision Date:	05/01/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/18/2014

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: 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 42-year-old male, who sustained an industrial injury on 1/4/10. The injured worker has complaints of low back pain. Range of motion of the lumbar spine was restricted. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc; lumbar radiculitis and lumbar stenosis. The documentation noted that on the Computed Tomography (CT) scan of the lumbar spine and X-rays from October 2013 and 12/3/13 there was evidence that the fusion was still possibly not fused. The documentation on April 16, 2014 noted that the injured workers Transcutaneous Electrical Nerve Stimulation (TENS) unit was worn out and no longer functional and needs to be replaced and a request for authorization for a new corset Transcutaneous Electrical Nerve Stimulation (TENS) unit was applied. The documentation noted that the request for surgery had been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corset TENS unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

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

Decision rationale: According to guidelines criteria for use of TENS unit for chronic pain include documentation of pain of at least three months duration, there is 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, a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. According to the patient's medical records, there is no documentation of a month's trial and thus is not medically necessary.