MAXIMUS Federal Services

Case Number:	CM15-0101141		
Date Assigned:	06/03/2015	Date of Injury:	12/06/2014
Decision Date:	07/08/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old female who sustained an industrial injury on 12/06/14. Initial complaints include back pain. Initial diagnoses include lumbar strain. Treatments to date include medications, a right sacroiliac joint injection, and a back brace. Diagnostic studies include a MRI of the lumbar spine on 02/03/15 which showed a left lateral disc annular tear at L5-S1. Current complaints include back and hip pain, with radiation to the hips. Current diagnoses include lumbosacral spondylosis, sacroilitis, and lumbago. In a progress note dated 05/06/15 the treating provider reports the plan of care as a home TENS unit for 2 months, and continued medications including Tramadol, Anaprox, and Baclofen. The requested treatments include is a home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS unit x 2 months: Upheld

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

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

Decision rationale: The patient presents with pain affecting the back with radiation to the bilateral hips. The current request is for Home TENS unit x 2 months. The requesting treating physician report was not found in the documents provided for review. A report dated 4/8/15 (74B) states, "Patient states she has radiating pain into left and right leg and patient states her legs are now exhausted." Patient states she has a sharp shooting pain in her lower back. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows the patient has previously been prescribed a TENS unit for a one month trial as indicated by MTUS. In this case, while a one month trial would be reasonable and within the MTUS guidelines, a two month trial is not supported. The current request does not satisfy MTUS guidelines as outlined on page 114. The current request is not medically necessary.