

Case Number:	CM15-0010155		
Date Assigned:	01/27/2015	Date of Injury:	09/11/2014
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female, who sustained an industrial injury on 09/11/2014. She has reported subsequent low back and lower extremity pain and was diagnosed with lumbago. Treatment to date has included oral pain medication, physical therapy and therapeutic exercise. In a progress note dated 11/15/2014, the injured worker continued to complain of low back pain with associated numbness in the lower leg and feet that was rated as a 4/10. Objective physical examination findings were notable for pain to palpation over the lumbar paraspinal muscles, sensory deficit in the L5 and S1 distribution, limited range of motion and a positive left straight leg raise. A request was made for transcutaneous electrical nerve stimulation unit. On 12/30/2014, Utilization Review non-certified a request for a transcutaneous electrical nerve stimulation unit and included regulatory language for the use of this unit but did not specifically note how the treatment guidelines were not met for this particular case. ODG guidelines were cited.

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 Treatment Guidelines Transcutaneous electrical nerve stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The applicant is a represented 55-year-old [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of September 11, 2014. In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve a request for a TENS unit. Despite the fact that both ACOEM and MTUS Chronic Pain Medical Treatment Guidelines addressed the issue, the claims administrator invoked non-MTUS ODG guidelines to deny the request. The claims administrator did not seemingly cite which clinical progress note its decision was based upon. The applicant's attorney subsequently appealed. On November 17, 2014, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant did have issues with hypertension. The applicant had a history of back pain for the past two to four years, it was stated. It was suggested that the applicant had alleged development of pain secondary to cumulative trauma at work. The applicant was asked to continue disability and Workers Compensation indemnity benefits. The applicant was not working as a certified nurse assistant, it was reiterated. The applicant had reportedly quit smoking as of the date of injury, September 11, 2014. The applicant's medication list included Norco, Flexeril, Naprosyn, Tenormin, and hydrochlorothiazide. Multiple medications were refilled. The applicant was given a heat pad and a walker. A neurosurgery consultation was endorsed on October 31, 2014. The most recent progress note on file was a December 4, 2014 RFA form, which made no mention of the need for a TENS unit. No, the request for a TENS unit (purchase) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, TENS units, the modality at issue, are deemed not recommended. While ACOEM Chapter 12, page 300 does acknowledge that TENS units and/or other physical modalities may have some value in the short term if used in conjunction with a program of functional restoration, in this case, however, the applicant was/is off of work, on total temporary disability. The applicant was using a walker to move about. There was no evidence that the applicant was intent on using the proposed TENS unit as an adjunct to a program of functional restoration, although it is acknowledged that it does not appear that the progress note on which the article in question was sought was incorporated into the Independent Medical Review packet. The information which was/is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary. ACOEM Practice Guidelines, Chapter 12, Table 12-8, page 308. ACOEM Practice Guidelines, Chapter 12, page 300, Physical Methods section.