

Case Number:	CM15-0011498		
Date Assigned:	01/29/2015	Date of Injury:	10/24/2012
Decision Date:	03/25/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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: 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 60 year old male, who sustained an industrial injury on 10/24/2012 as a result of falling out of a chair. The diagnoses have included multilevel lumbar disc protrusion, L4-5 right sided foraminal stenosis and recurrent lower back and right L4 radiculopathy. Treatment to date has included epidural steroid injection, medications and activity modification. Currently, the IW complains of right lumbar pain along with radiating pain down the anterolateral aspect of the right leg to the knee along with weakness and numbness. Objective findings included positive straight leg raise on the right and decreased sensation over the L4 distribution. There is mild weakness of right knee extension as compared to the left. On 12/23/2014 Utilization Review non-certified a request for a TENS unit and supplies noting that the proposed treatment does not meet medical necessity guidelines. The MTUS was cited. On 1/21/2015, the injured worker submitted an application for IMR for review of a purchase of a TENS unit plus supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a TENS unit purchase with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116.

Decision rationale: The patient was injured on 10/24/12 and presents with lumbar pain along with radiating pain down the anterolateral aspect of the right leg to the knee along with weakness and numbness. She also has neck pain and radicular pain in the left upper extremity. The retrospective request is for A TENS UNIT PURCHASE WITH SUPPLIES. The RFA provided is dated 12/16/14 and the patient is on total temporary disability. On 07/15/14, the patient had a lumbar epidural steroid injection at L5-S1 and on 10/07/14, the patient had a cervical epidural steroid injection. The report with the request is not provided. Per MTUS guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. In this case, there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. The patient does present with radicular symptoms and a trial of TENS may be reasonable. However, without a one-month trial, a home unit is not recommended per MTUS. The request IS NOT medically necessary.