

Case Number:	CM15-0016260		
Date Assigned:	02/04/2015	Date of Injury:	12/30/2003
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/28/2015

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: New York
 Certification(s)/Specialty: Internal 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 60 year old male who sustained a work related injury December 30, 2003. According to a primary treating physician's progress report, dated January 2, 2015, the injured worker presented with pain which radiates up towards neck, causing posterior neck pain which moves up and down his upper spine. It is described as dull and constant and decreases while resting in bed. Pain is present with all movements especially extension; flexion is 10 degrees, extension is nil, and right and left rotation is 255 and normal. Diagnoses are documented as chronic low back pain due to failed back syndrome; chronic abdominal pain, umbilical hernia with omental fat, s/p repair 9/2013, and chronic left-sided testicular pain possible epididymal or varicocele. Treatment plan included medication QME evaluation and request for a TENS unit for the severe right sided paraspinal spasm. According to utilization review dated January 9, 2015, the request for TENS Unit Purchase lumbar spine is non-certified, citing MTUS Chronic Paine Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS purchase (lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-121 (pdf).

Decision rationale: According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis (MS). In this case, there is limited documentation for a trial of this modality for this particular injury. Medical necessity for the requested item has not been established. The requested TENS Unit is not medically necessary.