

Case Number:	CM15-0017929		
Date Assigned:	02/05/2015	Date of Injury:	08/31/2009
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/30/2015

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: Arizona, 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 53-year-old female, with a reported date of injury of 08/31/2009. The diagnoses include low back pain, lumbar disc displacement, and lumbar radiculopathy. Treatments have included oral medications and physical therapy. The progress report dated 01/06/2015 indicates that the injured worker had constant sharp pain in the low back, with radiation to the bilateral lower extremities, more on the right. The injured worker rated her pain 8 out of 10. An examination of the low back showed tenderness to palpation of the paravertebral muscle with spasm, positive seated nerve root test, restricted and guarded standing flexion and extension, and tingling and numbness in the posterior leg and lateral foot which was in an S1 dermatomal pattern. The treating physician requested a muscle stimulation transcutaneous nerve stimulation (TENS) unit. The rationale for the request was not indicated. On 01/15/2015, Utilization Review (UR) denied the request for one muscle stimulator transcutaneous nerve stimulation (TENS) unit. The UR physician noted that there was no indication that a combination TENS muscle stimulator unit would provide superior effectiveness over a stand-alone TENS unit for the injured worker. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Muscle stimulator TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation),. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant had used a TENS unit in 2007 for an unknown length of time without detail about therapeutic response. The length of use at this request was not specified. The request for a continued TENS unit use is not justified nor supported by the guidelines and is not medically necessary.