

Case Number:	CM15-0110948		
Date Assigned:	06/17/2015	Date of Injury:	01/22/1992
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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, North Carolina
 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 58-year-old male, who sustained an industrial injury on January 22, 1992. He reported low back pain radiating to bilateral lower extremities. The injured worker was diagnosed as having status post lumbar laminectomy and fusion and status post lumbar laminectomy and discectomy. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar spine, intrathecal pump placement, conservative care, medications and work restrictions. Currently, the injured worker complains of continued low back pain with radiating pain to bilateral lower extremities. The injured worker reported an industrial injury in 1992, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 19, 2014, revealed continued pain as noted. He reported pain radiating from the low back to the bilateral lower extremities. An intrathecal infusion pump was placed on February 23, 2015. A TENS unit for the low back was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of IF/TENS combo for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: The CA MTUS states that TENS and IF are not recommended as primary isolated interventions. This patient has recently had an intrathecal pump implanted for pain relief. The request is for purchase of a TENS/IF combo unit for low back pain. Criteria require a successful one-month trial of TENS before approval for purchase. In this case, no documentation has been submitted for a one-month trial to verify pain relief. Therefore the request is not medically necessary at this time.