

Case Number:	CM15-0111495		
Date Assigned:	06/17/2015	Date of Injury:	03/21/2015
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
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

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 46 year old male, who sustained an industrial injury on 3/21/15. He reported injuries to his low back, right hip and right leg after a chair broke and he fell to the ground. The injured worker was diagnosed as having lumbar spine sprain and strain, multilevel lumbar discopathy and clinical lumbosacral radiculopathy. Treatment to date has included physical therapy, oral medications including Tramadol and Zanaflex and activity restrictions. Currently, the injured worker complains of continued pain and stiffness to low back with radiation down the right leg with numbness and tingling in right lower extremity. He is temporarily totally disabled. Physical exam noted tenderness to palpation over the paraspinous region and right sacroiliac joint with spasms and restricted range of lumbar motion. The treatment plan included chiropractic therapy, TENS unit and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One-month supplies (electrodes, batteries, lead wires) for transcutaneous electrical nerve stimulation (TENS) unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation, pages 115-118, Postsurgical Treatment Guidelines.

Decision rationale: Transcutaneous Electrotherapy is not recommended as an isolated intervention, but a one-month home-based trial of neurostimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications which have not been demonstrated in this case. Criteria also includes notation on how often the unit was to be used, as well as outcomes in terms of pain relief and function of other ongoing pain treatment during this trial period including medication usage. A treatment plan should include the specific short- and long-term goals of treatment with the TENS unit. There is no clinical exam documenting limitations in ADLs, specific neurological deficits, or failed attempts with previous conservative treatments to support for the one month supply and TENS unit purchase, not recommended as a first-line approach or stand-alone treatment without an independent exercise regimen towards a functional restoration program. Submitted reports have not demonstrated having met these guidelines criteria. The One-month supplies (electrodes, batteries, lead wires) for transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary and appropriate.