

Case Number:	CM15-0111671		
Date Assigned:	06/18/2015	Date of Injury:	06/07/2012
Decision Date:	07/22/2015	UR Denial Date:	05/11/2015
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, Pain Management

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 32 year old male, who sustained an industrial injury on 6/7/12. He reported pain in his lower back. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatment to date has included a lumbar epidural injection with relief for three days, a lumbar MRI on 10/13/14 showing mild canal stenosis and a home exercise program. Current medications include Omeprazole, Gabapentin and Cyclobenzaprine. As of the PR2 dated 4/29/15, the injured worker reports 6/10 pain in his lower back with radiation to the left leg. He indicated that the TENs unit is helpful and he is using it regularly to relieve pain. The medications help with 30-40% of the pain. Objective findings include decreased range of motion in all planes and tenderness to palpation in the paraspinal musculature. The treating physician requested a TENs unit. A report dated February 16, 2015 states that the patient presents for a tens unit trial, and indicates that the patient had a reduction in pain score from 6/10 to 5/10. A tens unit (purchase) was therefore dispensed for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a 30-day TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.