

Case Number:	CM15-0120107		
Date Assigned:	06/30/2015	Date of Injury:	05/04/1999
Decision Date:	08/04/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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 65 year old female, who sustained an industrial injury on 5/4/99. The injured worker was diagnosed as having chronic failed back syndrome. Treatment to date has included lumbar laminotomy and discectomy at L5-S1, TENS and medication. Physical examination findings on 5/19/15 included moderate tenderness to palpation in the lumbar spine and restricted range of motion on forward flexion and extension. A straight leg raise was negative. Currently, the injured worker complains of lumbar spine pain. The treating physician requested authorization for a 12 month supply of TENS unit pads, lead wires, and electrodes. The medical records note that the injured worker uses the durable medical equipment 5 days a week and obtains 70% pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month supply of TENS unit pad, lead wires and electrodes: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-116.

Decision rationale: According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) 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, for these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis . The medical records indicate that is followed for chronic failed back syndrome. The medical records note that the injured worker uses the durable medical equipment 5 days a week and obtains 70% pain relief. The request for replacement of pad, wires and electrodes to allow for continued use of this unit is supported. The request for 12 month supply of TENS unit pad, lead wires and electrodes is medically necessary and appropriate.