

Case Number:	CM15-0124428		
Date Assigned:	07/08/2015	Date of Injury:	09/03/2008
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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 43 year old male, who sustained an industrial injury on September 3, 2008, incurring low back and left ankle injuries. He was diagnosed with lumbar disc disease with disc protrusion, ankle joint tendinitis and depression. Treatment included pain medications, antidepressants, muscle relaxants, neuropathic medications, ankle and back bracing, transcutaneous electrical stimulation unit, and work modifications with restrictions. Magnetic Resonance Imaging performed in 2013, revealed lumbosacral disc disease with nerve root impingement. Electromyography studies were unremarkable. Currently, the injured worker complained of ongoing low back pain and persistent lumbar spasms. He noted he can stand, sit and walk for very short periods of time. The treatment plan that was requested for authorization included a 4-lead transcutaneous electrical stimulation unit with conductive garment for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-lead TENS unit with conductive garment for lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how TENS unit will be used, whether this is for rental or purchase, criteria for a 4-lead from a guidelines recommended 2-lead nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The 4-lead TENS unit with conductive garment for lumbar is not medically necessary or appropriate.