

Case Number:	CM15-0125867		
Date Assigned:	07/10/2015	Date of Injury:	03/12/2015
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/30/2015

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: Emergency Medicine

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 37-year-old male, who sustained an industrial injury on March 12, 2015, incurring low back, right hip and right knee injuries after a slip and fall. He was diagnosed with a lumbar strain, and right knee sprain. Treatment included anti-inflammatory drugs, sleep aides, neuropathic medications, muscle relaxants, pain medications, topical analgesic creams, back bracing, physiotherapy, transcutaneous electrical stimulation unit, acupuncture, shockwave therapy and work restrictions and modifications. Currently, the injured worker complained of headaches, constant burning low back pain radiating into the hip with numbness and tingling of the lower extremities. The pain was aggravated by prolonged weight bearing, standing and walking, kneeling and walking stairs. He complained of stress, anxiety, insomnia and depression from persistent chronic pain. The treatment plan that was requested for authorization included transcutaneous electrical stimulation unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with 1 month supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested TENS unit with 1 month supplies, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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." The injured worker has headaches, constant burning low back pain radiating into the hip with numbness and tingling of the lower extremities. The pain was aggravated by prolonged weight bearing, standing and walking, kneeling and walking stairs. He complained of stress, anxiety, insomnia and depression from persistent chronic pain. The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit with 1 month supplies is not medically necessary.