

Case Number:	CM15-0170370		
Date Assigned:	09/10/2015	Date of Injury:	07/15/2013
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts

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 37 year old male, who sustained an industrial injury on 7-15-13. He reported low back pain. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included a functional restoration program, physical therapy, acupuncture, chiropractic treatment, lumbar epidural steroid injections, TENS, and medication including Norco and Tramadol. On 7-23-15 the injured worker noted TENS provided significant pain relief. Currently, the injured worker complains of low back pain rated as 4-5 of 10. On 7-29-15, the treating physician requested authorization for a transcutaneous electrical nerve stimulation unit purchase for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit purchase low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in July 2013 and continues to be treated for low back pain. Treatments have included successful completion of a functional restoration program. At discharge, he was using an TENS unit which he had found to be helpful. A unit was requested based on improved function during a trial of use. The requesting provider documents daily use with a 40% decrease in pain. When seen, his BMI was over 28. There was decreased lumbar spine range of motion with positive left straight leg raising. Authorization for a home TENS unit is being requested. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. In this case, the claimant has already used TENS at home with a reported 40% decrease in pain and is using the unit daily. A home TENS unit is medically necessary.