

Case Number:	CM15-0170569		
Date Assigned:	09/11/2015	Date of Injury:	04/09/2007
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, 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 37 year old male with an industrial injury dated 04-09-2007. He was being treated for mechanical low back pain, discogenic low back pain and chronic myofascial pain. He presented on 06-08-2015 with complaints of pain across his low back with radiation down to the lower buttock. The pain was constant and worse with increased with activity. The provider documented the injured worker was able to obtain a job but would have to get his pain controlled with medications first. On 07-03-2015 he presented with a "flare" of his back pain for several days after he tried to lift several 65 pound bags. He was volunteering for a construction company hoping to get a full time position. He continued with pain across his back with radiation down the left posterior and lateral aspect of his left to his knee. The pain was described as constant and waxing and waning in nature. Without medications his pain was 7-9 out of 10 and with his medications (not Norco) his pain was 6 out of 10. Physical exam noted he was resting comfortably on the exam table in no acute distress. He ambulated with antalgic gait due to left leg weakness. He had functional range of motion and strength in upper and lower extremities. He had equal sensation to light touch with 2 out of 4 reflexes at the knee. He had 60 degree flexion and 0 extension of back and was non-tender to palpation. Prior treatments included Ultracet but it caused severe migraines. Other treatment included Lidoderm patches, THC and TENS unit. On 08-10-2015 the provider submitted a request for a TENS unit and supplies. On 08-11-2015 utilization review modified the request to durable medical equipment, TENS unit rental times one month and supplies, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies: Upheld

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: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not spec claimant had used the TENS for over a month. The continued request for a TENS unit is not medically necessary.