

Case Number:	CM15-0173324		
Date Assigned:	09/15/2015	Date of Injury:	06/12/2002
Decision Date:	10/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/02/2015

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 48-year-old male, who sustained an industrial injury on 6-12-02. The injured worker is undergoing treatment for lumbar radiculitis and lumbar post laminectomy syndrome. Medical records dated 6-17-15 through 8-12-15 indicate the injured worker complains of low back pain radiating to the legs. The note dated 8-12-15 indicated the injured worker "complains of poor sleep; less analgesia for 6 weeks; stimulator is not functioning. Pain has improved pain with stimulator (50%)." He uses his Transcutaneous Electrical Nerve Stimulation (TENS) daily. Pain is rated 4 out of 10 with medication and 8 out of 10 without medication and unchanged from 6-17-15. Physical exam dated 8-12-15 notes "decreased range of motion (ROM), positive paravertebral tenderness" and "positive straight leg raise." Treatment to date has included lumbar surgery, medication, Transcutaneous Electrical Nerve Stimulation (TENS) unit, implantable pulse generator, spinal cord stimulator and lab work. The original utilization review dated 8-19-15 indicates the request for IPG replacement quantity 1 and urinary drug screen (UDS) quantity 1 is certified and unknown Transcutaneous Electrical Nerve Stimulation (TENS) unit supplies is non-certified noting Transcutaneous Electrical Nerve Stimulation (TENS) unit is for conditions involving neuropathic pain, complex regional pain syndrome (CRPS), phantom limb pain or spasticity and multiple sclerosis and according to the records the patient does not have any of these conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown TENS (transcutaneous electrical nerve stimulation) unit 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. There was no mention of spasticity on recent exam. The length of prior use exceeded a trial period. The request for continued use of a TENS unit is not medically necessary.