MAXIMUS Federal Services

Case Number:	CM15-0176389		
Date Assigned:	09/17/2015	Date of Injury:	09/20/2014
Decision Date:	10/20/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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 42 year old male, who sustained an industrial injury on September 20, 2014. He reported upper back pain, lower back pain and right knee pain. The injured worker was diagnosed as having lumbar spine strain. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, medications and work restrictions. It was noted he had not worked since September 22, 2014. Currently, the injured worker continues to report upper back pain, neck pain, bilateral upper extremity pain, tingling and numbness, lower back pain and right knee pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on April 23, 2015, revealed continued pain as noted. It was noted the knee pain was non-industrial. Evaluation on July 28, 2015, revealed continued back pain. It was noted he was to continue physical therapy and home exercises. It was noted he had failed trials of NSAIDS and muscle relaxants. Bilateral lumbar epidural steroid injections were recommended. The RFA included requests for TENS unit (unknown if rental or purchase) and was non-certified on the utilization review (UR) on August 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (unknown if rental or purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). TENS.

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

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 or what TENS unit is requested, whether this is for rental or purchase, 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 TENS unit (unknown if rental or purchase) is not medically necessary and appropriate.