

Case Number:	CM15-0178523		
Date Assigned:	09/18/2015	Date of Injury:	03/11/2011
Decision Date:	10/29/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

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: Anesthesiology, 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 54 year old female, who sustained an industrial injury on 3-11-2011. The injured worker was diagnosed as having lateral listhesis, spinal stenosis, and sciatica. Treatment to date has included diagnostics, physical therapy, mental health, acupuncture, and medications. Currently (8-11-2015), the injured worker complains of continued low back pain with radiation to the right leg, along with popping and clicking in the knee. She just started acupuncture for her back and it "was helping a little bit". She also had a transcutaneous electrical nerve stimulation unit "that was helpful but it was taken away". The prior use of a transcutaneous electrical nerve stimulation unit was not detailed. Her current medication regimen, if any, was not noted. Her work stratus was permanent and stationary. A physical examination was not documented on 8-11-2015. Per the progress report dated 2-03-2015, she reported low back pain with radiation to both legs, left greater than right, rated 6-8 out of 10. X-rays of the lumbar spine showed "significant lateral listhesis and rotation of L3 on L4" and "loss of disc height at multiple levels from L2 down to S1 with foraminal stenosis, particularly at the L5-S1". Per the request for authorization dated 8-26-2015, the treatment plan included purchase of a transcutaneous electrical nerve stimulation unit, modified to a 30-day home trial of a generic 2 lead transcutaneous electrical nerve stimulation unit by Utilization Review on 9-01-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for the conditions described below: a home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. According to the documents available for review, injured worker has none of the MTUS / recommended indications for the use of a TENS unit. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.