

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0027213 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 11/08/2013 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/19/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

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 36 year old male, who sustained an industrial injury on November 8, 2013. He has reported slipping and falling injuring the lower back. The diagnoses have included rotator cuff syndrome and lumbar degenerative disc disease and stenosis. Treatment to date has included a left L4-L5 microdiscectomy on February 5, 2014, chiropractic treatments, acupuncture, TENS, and medications. Currently, the injured worker complains of low back pain with radiculopathy, left shoulder pain, and insomnia. The Treating Physician's report dated December 12, 2014, noted the injured worker had used his TENS unit daily, reporting the TENS unit helped manage the pain along with his medications. The Physician recommended the injured worker continue with the TENS unit treatment and keep the TENS unit for life as he was reporting improvement of pain with this unit. On January 19, 2015, Utilization Review non-certified a TENS unit, noting the injured worker's pain increased during the TENS trial period. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On February 12, 2015, the injured worker submitted an application for IMR for review of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS units: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The patient presents with pain and weakness in his lower back and his lower extremity. The patient is s/p left L4-5 microdiscectomy on 02/05/14. The request is for TENS UNIT. Per the 12/12/14 progress report, "the patient has been using TENS unit daily. He uses it -1 hour at least once a day sometimes 2-3 times." A TENS unit does help him to manage his pain along with the medications. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the patient has had TENS unit in the past. There are documentations showing the patient's pain relief and functional improvement. Given a successful one month trial, the request IS medically necessary.