

Case Number:	CM15-0027612		
Date Assigned:	02/20/2015	Date of Injury:	07/18/2012
Decision Date:	04/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey

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 47 year old female who sustained an industrial injury to her lower back on July 18, 2012. The injured worker was diagnosed with lumbago, displacement thoracic/lumbar intervertebral disc without myelopathy and thoracic/lumbosacral neuritis/radiculitis. The injured worker underwent lumbar translaminar epidural steroid injections (ESI) at L5-S1 on April 7, 2014 and most recently on January 5, 2015. According to the primary treating physician's progress report on January 15, 2015 the injured worker was re-evaluated. The physician documented that the injured worker had an 80% reduction in back pain since the epidural steroid injection (ESI) on January 5, 2015 and is able to do yard work, house work, walk more and decrease medication. The injured worker had minimal clinical findings on examination. Current medications consist of Dilaudid, Xanax, Gabapentin, Effexor, Trazodone and Dulcolax. Treatment modalities consist of extensive course of physical therapy, 35 hour sessions of a functional restoration program (FRP), epidural steroid injection (ESI)'s and medication. There was no discussion of an active home exercise program being utilized. The injured worker has not returned to the work force. The treating physician requested authorization for EMP TENS unit for purchase. On January 29, 2015 the Utilization Review denied certification for EMP TENS unit for purchase. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMP TENS unit for purchase: Overturned

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (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, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was a reported reduction in Dilaudid use with the addition of TENS unit use, which is significant enough evidence to warrant a purchase of the TENS unit. Also, the worker was performing home exercises and should continue them, while also using pain medication as needed. Therefore, in the opinion of this reviewer, the TENS unit for purchase is medically necessary.