

Case Number:	CM15-0036119		
Date Assigned:	03/04/2015	Date of Injury:	02/03/2010
Decision Date:	06/10/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/26/2015

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 York
 Certification(s)/Specialty: Internal Medicine

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 63 year old male, who sustained an industrial injury on 2/3/2010 and 2/21/2013. He reports low back pain and right lower extremity pain after moving heavy boxes in 2010 and lower back pain in 2013 after stepping from a ladder truck. Diagnoses include status post lumbar fusion (2012) and lumbago. Treatments to date include surgery, physical therapy, lumbar epidural steroid injections and medication management. A progress note from the treating provider dated 1/20/2015 indicates the injured worker reported neck and low back pain. On 2/17/2015, Utilization Review non-certified the request for TENS (transcutaneous electrical nerve stimulation) unit, 4 electrode packs, 6 batteries, 4 adhesive wipes and lead wire, citing MTUS.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should also be submitted. When prescribed, a 2-lead unit is generally recommended. Per guidelines, if a 4-lead TENS unit is recommended, there must be additional documentation as to the reason why. Physician reports reveal that the injured worker is status post back surgery with chronic low back pain. Documentation provided fails to indicate a previous TENS unit trial or evidence of ongoing functional restoration program. With MTUS guidelines not being met, the request for a Tens unit (purchase) is not medically necessary.

Electrodes packs x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: With the request for TENS unit purchase not being indicated, the medical necessity for supplies has not been established. The request for Electrodes packs x 4 is not medically necessary by MTUS.

Batteries x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: With the request for TENS unit purchase not being indicated, the medical necessity for supplies has not been established. The request for Batteries x 6 is not medically necessary by MTUS.

Adhesive wipes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: With the request for TENS unit purchase not being indicated, the medical necessity for supplies has not been established. The request for Adhesive wipes is not medically necessary by MTUS.

Lead wire: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: With the request for TENS unit purchase not being indicated, the medical necessity for supplies has not been established. The request for Lead wire is not medically necessary by MTUS.