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| Case Number: | CM15-0045934 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 10/05/2011 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/10/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old male, who sustained an industrial injury on 10/05/2011. Diagnoses include lumbar herniated disc. Treatment to date has included surgical intervention, diagnostics and medications. Magnetic resonance imaging (MRI) (undated) revealed a solid fusion at L5-S1 with significant facet arthropathy at L4-5, especially on the left where the hardware used to be. Per the Primary Treating Physician's Progress Report dated 3/07/2015, the injured worker reported feeling slightly better status post anterior and posterior L5-S1 fusion and removal of the hardware. Physical examination revealed no changes in the lower extremity. There was pain on extension of the lumbar spine. Flexion of the lumbar spine relieves the pain slightly. There were paraspinal muscle spasms in the lower lumbar region. The plan of care included injections. Authorization was requested for purchase 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 Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: TENS Unit Purchase is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation is not clear on how often the patient used his TENS unit and clear objective evidence that this TENS unit had caused functional improvement. The request for a TENS unit purchase is not medically necessary.