MAXIMUS Federal Services

Case Number:	CM15-0064314		
Date Assigned:	04/10/2015	Date of Injury:	01/13/2014
Decision Date:	05/13/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, California
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:

This is a 33-year-old female patient, who sustained an industrial injury on 1/13/2014. The current diagnoses are lumbalgia, lumbar intervertebral disc displacement without myelopathy, and lumbosacral or thoracic neuritis. She sustained the injury due to moving 50 pounds bucket. According to the progress report dated 2/20/2015, she had complains of pain at 6-8/10 in the lower back, primarily to the left of the midline, which comes and goes but it present daily. The physical examination revealed tenderness and limited range of motion of the lumbar spine. The current medications are Naprosyn and Fenoprofen. He has had multiple diagnostic studies including electrodiagnostic testing; X-rays and MRI of the lumbar spine. He has had physical therapy (temporary improvement), chiropractic (increased pain) and acupuncture (improvement) for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS patch x 2 pairs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: Request: DME: TENS patch x 2 pairs. Patient was using TENS for this injury. Response to TENS unit in terms of functional improvement and decreased need for medications is not specified in the records provided. According the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence- based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long- term effectiveness." Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with no literature to support use). Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS is not established for this patient. Since the medical necessity of TENS unit is not established, the need for supplies for the TENS unit including the TENS patches is also not fully established in this patient. The medical necessity of DME: TENS patch x 2 pairs is not established for this patient.