

Case Number:	CM15-0067961		
Date Assigned:	04/15/2015	Date of Injury:	12/23/2014
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/09/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, 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 30-year-old female, with a reported date of injury of 12/23/2014. The diagnoses include lumbosacral radiculitis, lumbosacral sprain/strain, and lumbar discogenic syndrome. Treatments to date have included transcutaneous electrical nerve stimulation (TENS) unit trial, and topical pain cream. The progress report dated 03/11/2015 indicates that the injured worker went to the clinic for a TENS unit trial on the low back for 15 minutes. She tolerated the trial well, and her pain was decreased from 3 out of 10 to 2 out of 10. The muscles were more relaxed and the range of motion was increased. The objective findings only indicated that the injured worker was alert and oriented and her skin was clean, dry, and intact. The treating physician requested the purchase of TENS unit for the low back (date of service: 03/11/2015). The treatment was requested for lumbosacral spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS unit purchase for home use for DOS 3/11/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for back pain. Therefore, the prescription of Retrospective TENS is not medically necessary.