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| Case Number: | CM15-0077732 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 09/12/2012 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 04/01/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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 42-year-old male, who sustained an industrial injury on 9/12/12. He reported pain in the head, neck, and back. The injured worker was diagnosed as having chronic low back pain, neuropathic pain, chronic neck pain, status post head injury, and headaches. Treatment to date has included medications. A physician's report dated 2/4/15 noted the injured worker's pain was rated as 6/10. A report dated 3/11/15 revealed physical examination findings of positive bilateral lower extremity straight leg raises and decreased lumbar spine range of motion. Currently, the injured worker complains of low back pain radiating to the lower extremities. The treating physician requested authorization for a TENS unit for the cervical and lumbar spine x1 month rental. The treating physician noted the injured worker had failed conservative treatment and TENS is recommended as a noninvasive conservative option.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for the cervical and lumbar spine x 1 month rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-121.

Decision rationale: According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. A one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis (MS). In this case, there is only documentation of medical therapy for treatment of the claimant's chronic pain condition. There is no documentation that the requested TENS trial is part of a program of functional restoration. Medical necessity for the requested item has not been established. The requested TENS Unit is not medically necessary.