

Case Number:	CM15-0077778		
Date Assigned:	04/29/2015	Date of Injury:	04/22/2013
Decision Date:	05/29/2015	UR Denial Date:	04/16/2015
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 33 year old female, who sustained an industrial injury on 04/22/2013. She reported injuries to her back and both lower extremities. The injured worker is currently diagnosed as having low back pain and radicular syndrome of lower limbs. Treatment and diagnostics to date has included Transcutaneous Electrical Nerve Stimulation Unit, lumbar spine MRI, lumbar spine surgery, lumbar epidural steroid injection, physical therapy, and medications. In a progress note dated 04/01/2015, the injured worker presented with complaints of thoracic and lumbar spine pain. According to the application, Independent Medical Review has been requested for electrodes for lumbar spine Transcutaneous Electrical Nerve Stimulation Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes x 10 for the lumbar spine/TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 116.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable

Medical Equipment (DME) and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of TENS electrodes, but does address TENS unit. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below and further details Exercise equipment is considered not primarily medical in nature." Medicare details DME as: durable and can withstand repeated use-used for a medical reason, not usually useful to someone who isn't sick or injured-appropriate to be used in your home. While TENS electrodes do meet criteria as durable medical equipment, the medical notes do not establish benefit from ongoing usage of a TENS unit. The treating physician notes t does not include objective or subjective findings to substantiate. Given lack of documented improvement, the continued usage of TENS does not appear to be indicated and therefore the associated electrodes also do not appear to be indicated. As such, the request for Electrodes x 10 for lumbar spine TENS unit is not medically necessary.