

Case Number:	CM15-0090114		
Date Assigned:	05/14/2015	Date of Injury:	04/18/2006
Decision Date:	08/04/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61-year-old female, who sustained an industrial injury on April 18, 2006, incurring low and upper back injuries and right shoulder injuries after a slip and fall. She was diagnosed with cervical sprain with disc protrusion and disc bulging, lumbosacral spine sprain and a right shoulder strain. She underwent a right shoulder arthroscopy in December 2009, and left shoulder arthroscopy, debridement and decompression in July 2010, and July 2011. Electromyography studies revealed lumbar radiculopathy. Treatment included physical therapy, chiropractic sessions, transcutaneous electrical stimulation, muscle relaxants, pain medications, and work restrictions. Currently, the injured worker complained of increased persistent burning low back pain radiating into the legs and knees. Her pain increased with movement and was relieved with rest. The treatment plan that was requested for authorization included a transcutaneous electrical stimulation 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 Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p 121 (2) Transcutaneous electrotherapy, p 114 Page(s): 114, 121.

Decision rationale: The claimant sustained a work injury in April 2006 and continues to be treated for radiating back pain. In January 2015, authorization for a one-month trial of TENS was requested. When seen, medications were providing 90% relief of back pain. Physical examination findings included pain with lumbar spine range of motion. Medications were refilled. The plan references use of TENS during the day and medications at night. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documentation of an appropriate home-based trial of TENS. Purchase of a TENS unit was not medically necessary.