MAXIMUS Federal Services

Case Number:	CM15-0092282		
Date Assigned:	05/18/2015	Date of Injury:	06/30/2010
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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: Arizona, 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:

The injured worker is a 65 year old male with an industrial injury dated 6/30/2010. The injured worker's diagnoses include lumbago and degeneration of lumbar or lumbosacral intervertebral disc. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/09/2015, the injured worker reported pain after about four hours of work. Objective findings revealed tightness of the paralumbar musculature on both the left and right sides, greater on the right than the left. Mild tenderness over the left and right sacroiliac joints was also noted on exam. The treating physician felt that the injured worker had chronic lumbar back strain superimposed on widespread moderate degenerative disc disease and requested a purchase of transcutaneous electrical nerve stimulation (TENS) unit with supplies for treatment of lumbar spine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit with supplies for treatment of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant had used a TENS unit for another injury. A 1 month trial was not provided for this case. Indefinite use is not indicated. Long-term use /purchase of a TENS unit is not medically necessary.