

Case Number:	CM15-0093095		
Date Assigned:	05/19/2015	Date of Injury:	03/09/1998
Decision Date:	06/18/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 3/09/1998. The mechanism of injury was not noted. The injured worker was diagnosed as having psyche, low back, bilateral wrists/elbows, and abdomen. His diagnoses were not specified. Treatment to date has included muscle stimulation and medications. Currently, the injured worker complains of significant low back pain. He had been using the PEAR Tech 2000 muscle stimulator for a number of years and it worked well for him. His back pain was recently worsened and not rated. Medications included Fentanyl and Norco. A decrease in narcotic medication within the past 6 months was documented. His mood was somewhat anxious. The treatment plan included a new muscle stimulator, replacement of the PEAR Tech 2000. The previous progress report (2/23/2015) noted that his transcutaneous electrical nerve stimulation unit was old and worn out.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle stimulator PEAR tech 2000 (replacement): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of a transcutaneous Electrotherapy Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. There is no documented short-term or long-term goals of treatment with the tech unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Unit without previous failed TENS trial. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the therapy treatment already rendered. The Muscle stimulator PEAR tech 2000 (replacement) is not medically necessary and appropriate.