MAXIMUS Federal Services

Case Number:	CM15-0093197		
Date Assigned:	05/19/2015	Date of Injury:	05/16/2014
Decision Date:	06/24/2015	UR Denial Date:	04/24/2015
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: Preventive Medicine, Occupational 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:

This is a 62 year old female with a May 16, 2014 date of injury. A progress note dated April 14, 2015 documents subjective findings (lower back pain with radiating pain down both legs; pain decreased from a level of 5/10 to 2-4/10 with medications), and objective findings (pain that has decreased with squatting; decreased range of motion of the thoracic spine; facet tenderness and loading of the lumbar spine; muscle spasms of the lumbar spine; decreased range of motion of the lumbar spine; tenderness of the sacroiliac joint; L5-S1, piriformis muscle, left greater trochanter, left Iliotibial band, and left Psoas insertion). Current diagnoses were noted in the medical record as backache, unspecified. Treatments to date have included medications, aqua therapy, and exercise. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included a thirty day rental of a transcutaneous electrical nerve stimulator unit for the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit 30 day trial low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy. Decision based on Non-MTUS Citation Blue Cross Blue Shield: TENS CMS: Tens Aetna and Humana VA European federation of neurological societies.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that the patient meets the criteria necessary for a one-month trial of a TENS unit. I am reversing the previous utilization review decision. TENS Unit 30 day trial low back is medically necessary.