

Case Number:	CM15-0109196		
Date Assigned:	06/15/2015	Date of Injury:	09/30/2014
Decision Date:	10/19/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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 39 year old male, who sustained an industrial injury on September 30, 2014. Medical records indicate that the injured worker is undergoing treatment for lumbago, lumbar spine sprain-strain and lumbar spine myospasms. The injured worker was noted to be temporarily totally disabled. Current documentation dated April 16, 2015 noted that the injured worker reported a great deal of low back pain. The injured worker was receiving chiropractic treatments two times a week for six weeks and physical therapy two times a week for six weeks which were helping him significantly. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature. Audible crepitation was noted on flexion and extension. A straight leg raise test was negative. Treatment and evaluation to date has included medications, physical therapy and chiropractic treatments. Current medications include Naproxen, Prilosec, Fexmid and transdermal analgesic compounds. The treating physician's request for authorization dated March 9, 2015 includes a request for a one month home base trial of a Neurostimulator TENS-EMS. The Utilization Review documentation dated May 29, 2015 non-certified the request for a one-month home base trial of a Neurostimulator TENS-EMS.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of a neurostimulator TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

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. There was already request for other modalities including acupuncture, manual therapy and physiotherapy. Therefore the request for a TENS unit is not medically necessary.