MAXIMUS Federal Services

Case Number:	CM13-0012102		
Date Assigned:	11/08/2013	Date of Injury:	03/21/2013
Decision Date:	02/24/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee is a 43-year-old female with a date of injury of 3/21/13. The employee complains of ongoing low back pain. Treatments have included chiropractic care, physical therapy and medications including Advil, omeprazole, gabapentin, and Zanaflex. Subjective complaints include low back pain rated 7/10 that is worsened by cough/sneeze. On examination, lumbar spine range of motion was decreased with tenderness over the lumbar paraspinal muscles, sacroiliac joint region and coccyx, reflexes were symmetrical, toe/heel walk was normal, and the employee had a positive straight leg raise test and decreased sensation in the right big toe. An MRI was performed which showed congenital stenosis with disc protrusion at L5-S1. Electrodiagnostic studies documented mild left carpal tunnel syndrome but did not indicate EMG/NCV testing was performed on the lower extremities. The employee's diagnoses include low back pain, lumbar syndrome and lumbar sprain/strain. The employee was certified for a 30 day trial of a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: According to the guidelines, transcutaneous electrical nerve stimulation (TENS) is indicated for patients with chronic pain of longer than three months duration, in whom conservative methods and medications have failed, and who have had a one month trial of TENS use with appropriate documentation of pain relief and function. The employee had previously been granted a one month TENS trial. The submitted documentation does not demonstrate that the one month trial occurred or provide any outcome measures in reference to pain relief or return of function. Therefore, the requested TENS unit for home use is not medically necessary and appropriate.