

Case Number:	CM13-0014845		
Date Assigned:	12/11/2013	Date of Injury:	08/01/2001
Decision Date:	01/24/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/22/2013

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 patient is a 53 year old injured worker who reported an injury on August 01, 2001. The mechanism of injury was due to cleaning and suffered injuries to the left arm, neck, and low back. Previous conservative care consisted of rest, medications, physical therapy, acupuncture, massage, imaging studies and epidural steroid injections to neck and low back, all with little benefit. The patient later underwent three unspecified shoulder surgeries to both the left and right shoulders. MRI performed on March 27, 2012, reported severe degenerative disc disease with mild disc bulging, moderate levoscoliosis, and no evidence of nerve root involvement. Physical examination findings from the clinical note dated June 04, 2013, reported no motor strength, sensory, or reflex deficit to the bilateral lower extremities. The clinical note dated July 31, 2013, stated that the patient's pain level with the use of medications is 4-5/10 and 7-8/10. At this time, the patient also reported a 50-80% decrease in pain for 3 days after her diagnostic epidural steroid injection to L5-S1. The patient currently continues to have bilateral shoulder and low back complaints and relies on oral as well as intramuscular medications to manage pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for lumbar spine, three months with supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 113-117.

Decision rationale: The California MTUS Guidelines recommend transcutaneous electrotherapy to treat intractable pain related to certain conditions including neuropathy, phantom limb, CRPS II, spasticity, and Multiple Sclerosis. Criteria that must be met in order to indicate the need for a TENS unit include documentation of pain related to the above conditions for at least three months; a one month home based trial as an adjunct to other functional restorative therapies; submission of both short and long term goals in relation to TENS therapy; and documentation during the trial period that provides evidence of frequency of use, pain relief, and changes in functional ability. Guidelines also note that there is little evidence to support the use of TENS in the treatment of chronic low back pain. According to the records provided, the patient does not have any of the above mentioned conditions that are approved for the use of TENS. Although there is subjective complaints of radiculopathy, there were no objective physical examination findings to support this claim. There was also no information in any of the clinical notes provided regarding a previous home trial of the TENS, nor was there any information on its efficacy. The request for a retrospective TENS unit with monthly supplies for three months for the lumbar spine is not medically necessary and appropriate.