

Case Number:	CM13-0015063		
Date Assigned:	01/03/2014	Date of Injury:	03/30/2013
Decision Date:	04/04/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 34-year-old female with a date of injury of 03/30/2012. The listed diagnoses per [REDACTED] dated 06/24/2013 are chronic lumbosacral ligamentous and muscular strain with discopathy and radiculopathy. According to report dated 06/24/2013 by [REDACTED], the patient presents with complaints of low back pain, insomnia, depression, stress, and anxiety. Examination of the lumbar spine reveals straight leg raise on the right side at 60 degrees with pain in the back, and on the left side at 60 degrees with pain from the back going down the left leg. On palpation, patient has tenderness, muscle tightness, guarding, and spasm in the paravertebral area. The patient was noted to have restricted ROM with lateral extension 10 degrees and bilateral rotation is noted as 10 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for TENS Unit for home use for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-115.

Decision rationale: This patient presents with lumbar spine pain, insomnia, stress, and anxiety. Treating physician is requesting a TENS unit for home use for the lumbar spine. Per MTUS Guidelines, "TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom limb pain, or multiple scoliosis." MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. In this case, the patient does not present with any of the diagnoses that MTUS requires for the trial of TENS unit. Furthermore, when TENS unit is indicated, a 30-day trial is recommended first before going into a home use. The treating physician does not discuss the duration of the requested trial. The requested TENS unit home use lumbar spine is not medically necessary and recommendation is for denial.