

Case Number:	CM13-0015680		
Date Assigned:	03/19/2014	Date of Injury:	04/07/2006
Decision Date:	04/10/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Physical Medicine & 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 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/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 reported a date of injury of 04/07/2006. According to progress report dated 07/23/2013 by [REDACTED], the patient complains of lower back pain radiating to the right knee. She states that she is cutting down on her Norco and the patch is providing great relief. She is able to perform her ADLs. She also states that Ambien helps her sleep and Lyrica helps with her neuropathic pain. She is status post laminectomy in 2007 and fusion 2008. She rates her pain 8/10 without medication and 3-4/10 with medication use. Her current medications include Butrans, Norco, Lyrica, Ambien CR, and Paxil. Physical examination shows bilateral tenderness is present and spasms in the L3-L5 paraspinal muscles. Examination of the lumbar spine shows decreased range of motion. Deep tendon reflexes are symmetric in the bilateral lower extremities. Decreased sensory to pinprick along the right and left lateral leg. The physician is requesting a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, 114

Decision rationale: This patient presents with chronic low back pain radiating to the right leg and knee. The physician is requesting a TENS unit for pain relief. Utilization review dated 08/06/2013 denied the request stating that the patient has not received any significant objective benefit from the use of TENS as evidenced by increase of medication use. MTUS Guidelines page 114 to 166 on TENS unit states, "it is not recommended as a primary treatment modality but a 1-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." Progress report dated 03/26/2013 by [REDACTED] notes that, "I have prescribed a TENS unit for use in conjunction with home therapy to decrease the back spasms. The patient has used it in therapy and that has helped decrease the spasms." Report dated 07/23/2013 by [REDACTED] notes that the patient lost her TENS unit due to moving and she is requesting a replacement unit. Review of records from 02/05/2013 to 07/23/2013 show that the patient continues to utilize medications for pain relief. She rates her pain 8/10 without medication and 3-4/10 with medication use. None of the reports show any documentation of satisfactory results with TENS unit use. Furthermore, the patient's pain level has remained between 7-8/10 while utilizing the TENS unit. She also continues to refill her prescription since her original request for the TENS unit on 02/05/2013. In this case, the patient has not shown significant relief with TENS unit and there is no evidence that medication use is reduced due to TENS unit. Recommendation is for denial