

Case Number:	CM13-0020931		
Date Assigned:	10/11/2013	Date of Injury:	08/13/2002
Decision Date:	01/21/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/06/2013

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 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.

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 who reported an injury on 08/13/2002. The mechanism of injury was being pulled by a student. Her past treatment includes, x-rays and MRI of the lumbar spine, CT scan of the brain, 9 epidural steroid injections to the low back, over 24 sessions of physical therapy, chiropractic, and a TENS unit. Her current diagnoses include chronic low back pain and possible lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

G5M HD combo TENS unit with supplies and lead electrodes for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The California MTUS Guidelines recommend transcutaneous electrical nerve stimulation for chronic pain as a 30 day home based trial. Conditions that support the use of a TENS device include neuropathic pain, phantom limb pain, CRPS II, spasticity, and multiple sclerosis. During the trial time, the patient should be participating in an adjunct restorative program and objective documentation regarding functional improvement, medication usage, and pain levels (using a VAS scale) should be recorded in the clinical notes. MTUS guidelines also recommend renting a unit for the first 30 days until efficacy can be established. Since the patient

currently has no physical exam findings of neuropathy and studies regarding the use of TENS units in treating chronic low back pain are inconclusive. Also, the request does not specify whether or not it is for a 30 day home trial. As such, the request for GSM HD combo TENS unit with supplies and lead electrodes for the lumbar spine is non-certified.