

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0022096 | | |
| Date Assigned: | 03/14/2014 | Date of Injury: | 04/22/2010 |
| Decision Date: | 04/14/2014 | UR Denial Date: | 08/29/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

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 Occupational Medicine 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:

Injured worker is a male with date of injury 04/22/2010. Per initial orthopedic consultation the injured worker reported a low back injury that persisted after for two months before he sought care from his personal chiropractor who provide manipulation treatments twice monthly. He felt the sessions were beneficial but he had ongoing pain in the lumbar spine which worsened with activities. He continued to have twice monthly chiropractor visits which he reported helped his symptoms. On exam of the lumbar spine there is tenderness to palpation in the mid and lower paravertebral muscles. The range of motion is flexion to 30 degrees, 20 degrees right lateral bending, 15 degrees left lateral bending, 25 degrees right lateral rotation, 20 degrees left lateral rotation and extension 20 degrees. There is increased pain with lumbar flexion. Straight leg raising and rectus femoris stretch sign do not demonstrate any nerve irritability. X-rays of the lumbar spine demonstrated mild degenerative changes with mild lumbar scoliosis. Diagnoses include 1) Lumbar spine strain 2) Lumbar radicular syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRIME-DUAL TENS/EMS UNIT AND 2 MONTH SUPPLY OF ELECTRODES, BATTERIES AND LEAD WIRES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116, 121.

Decision rationale: The Expert Reviewer's decision rationale: The device being requested is a combination unit providing transcutaneous electrical nerve stimulation (TENS) and neuromuscular electrical stimulation (NMES). TENS is not recommended as a primary treatment modality, however, a month trial may be considered in the treatment of chronic pain as an adjunct treatment modality. The NMES is not recommended for the treatment of chronic pain. The injured worker may meet the criteria established in the guidelines cited above for a one month trial of a TENS unit. This would require the TENS being used as an adjunct to treatment modalities within a functional restoration approach. Continued use of the TENS would require documentation of the treatment modalities being utilized, how often the TENS unit was used, as well as outcomes including pain relief and function, other pain treatments including medication use, and a treatment plan for the use of the TENS unit. Purchasing a TENS unit with supplies would not be supported by these guidelines without adequate documentation of the efficacy of the unit during this trial. Since the request is not for a one month trial of a TENS unit, and the unit includes NMES functions which are not supported by these guidelines, the request for prime-dual tens/ems unit and 2 month supply of electrodes, batteries and lead wires is determined to not be medically necessary.