

Case Number:	CM13-0024723		
Date Assigned:	12/11/2013	Date of Injury:	03/25/2009
Decision Date:	01/24/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/16/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 53-year-old male who reported a work related injury on 03/25/2009. The patient's diagnoses are listed as herniated nucleus pulposus at L5-S1 with right lower extremity radiculopathy and failed back surgery syndrome. MRI of the lumbar spine dated 10/28/2013 revealed disc desiccation at L3-4, L4-5, and L5-S1, mild canal stenosis from posterior L3-4 disc protrusion, and right lateral recess narrowing at L5-S1 which may affect the S1 nerve root and the lateral recess. The patient has undergone epidural steroid injections, the last of which was on 10/14/2013. The patient's medications include ibuprofen, Butalbital, acetaminophen, caffeine, and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 (TENS) transcutaneous electrical nerve stimulations unit rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulations (TENS) .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: The recent clinical documentation submitted for review stated the patient had chronic back pain and recently had an epidural injection in the low back. He stated his pain

now radiated down both legs where before, it was just to the right leg and was sharp in nature. He stated that the pain was worse with movements. Physical exam reported a little bit of paraspinal muscular spasm and discomfort in the lower lumbar. Straight leg raise was positive on the right at 15 degrees and positive on the left at 45 degrees. California Chronic pain medical treatment guidelines indicate that TENS units are 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. There is a lack of documentation evidence in the submitted documentation for review that other appropriate pain modalities have been tried, and failed, to include medication per guideline criteria for the use of TENS. There is a lack of documentation noting the patient's previous physical therapy or home exercise programs and the efficacy of these treatments. A rationale was not noted for the patient as to why a TENS unit was ordered for him. Given the above, the request for 1 TENS unit rental is non-certified.