

Case Number:	CM13-0025041		
Date Assigned:	11/20/2013	Date of Injury:	02/12/1998
Decision Date:	01/16/2014	UR Denial Date:	08/21/2013
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 Florida. 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 61-year-old male who reported an injury on 02/12/1998. The patient's symptoms include low back pain. Physical examination findings include normal deep tendon reflexes to the bilateral extremities, normal lumbar range of motion, normal sensation, negative straight leg raise testing, normal motor strength, and positive spasm and guarding. The patient's diagnosis is lumbar disc disorder. He was also noted to be status post lumbar laminectomy at the L3-4 level in 1998. It is also noted that he has been well managed with occasional chiropractic treatment 2 to 3 times a year. He was prescribed Flexeril to use as needed for muscle spasm; however, a request for trial of a TENS unit was submitted and noted that it is believed that he would benefit from the use of this unit for spasms and would be able to avoid oral medications. It was also noted that he would continue with his daily independent home exercise program learned from his chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, #30 day rental: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-115.

Decision rationale: According to California MTUS Guidelines, a TENS unit is not recommended as a primary treatment for chronic pain, but a 1 month home based TENS trial may be considered, for patients with neuropathic pain or CRPS, as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. As the patient has been shown to have pain related to lumbar disc disease, and is involved in a home exercise program as well as occasional chiropractic care, the request is supported by guidelines. For this reason, the request is certified.