

Case Number:	CM13-0026229		
Date Assigned:	11/22/2013	Date of Injury:	03/15/2012
Decision Date:	01/28/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/18/2013

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 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 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 53-year-old female who sustained an injury on 3/15/12 to her low back. Her diagnoses include lumbago, lumbar stenosis, and thoracic/lumbar radiculitis. Treatment has consisted of medications, physical therapy, and epidural injections. An EMG taken on 3/22/13 revealed right S1 sacral radiculopathy. A note from 8/26/13 reveals the patient can't sit or stand. Exam findings consist of positive straight leg raise, loss of reflexes, and difficulty with ambulation. The therapy notes do not indicate the use of TENS unit or electrical stimulation. The request note on 8/26/13 does not indicate the need or use of TENS unit. The request is for DME electrical stimulator device to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Electrical Stimulator Device to Lumbar Spine: Upheld

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 section on TENS Page(s): 116..

Decision rationale: The MTUS Chronic Pain Guidelines discuss criteria for the use of transcutaneous electrical stimulation on page 116. This criteria includes, "Documentation of pain

of at least three months duration...Evidence that other appropriate pain modalities have been tried (including medication) and failed...A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function..A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted." In the medical records provided for review, there was no note of prior TENS use, any goals of treatment given, or functional restoration program details given. This patient does not have any documentation that meets the MTUS Chronic Pain Guidelines' criteria for TENS unit use or other e-stim use. Therefore, the request for an electrical stimulator device to lumbar spine is not medically necessary and appropriate.