

Case Number:	CM13-0032811		
Date Assigned:	12/06/2013	Date of Injury:	03/24/2010
Decision Date:	01/31/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/08/2013

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; Pain Medicine, and is licensed to practice in Texas. 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 42-year-old female who reported an injury on 03/24/2010. The patient is currently diagnosed with lumbar disc herniation at L5-S1 and lumbar radiculopathy. The patient was seen by [REDACTED] on 09/05/2013. The patient presented with 8/10 pain in the low back with radiation and numbness to the bilateral lower extremities. Physical examination revealed diminished range of motion, tenderness to palpation, and decreased sensation at L4, L5, and S1 dermatomes. Treatment recommendations included a 30 days trial of a TENS unit, as well as continuation of acupuncture home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes (8 pairs/month) A4556 times 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-

based functional restoration. There should be documentation of pain at least 3 months in duration and evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, the patient reported significant improvement following chiropractic and acupuncture treatment. There is no documentation of failure to respond to other appropriate pain modalities including medication. There was also no evidence of a treatment plan including the specific short-term and long-term goals of treatment with the TENS unit. Based on the clinical information received, the patient does not currently meet criteria for the use of a TENS unit. As such, the request is non-certified.

Batteries (6 AAA per month) A4630 times 3 months: 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 Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. There should be documentation of pain at least 3 months in duration and evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, the patient reported significant improvement following chiropractic and acupuncture treatment. There is no documentation of failure to respond to other appropriate pain modalities including medication. There was also no evidence of a treatment plan including the specific short-term and long-term goals of treatment with the TENS unit. Based on the clinical information received, the patient does not currently meet criteria for the use of a TENS unit. As such, the request is non-certified.

GSM Tens (transcutaneous electrical nerve stimulation) unit with HAN programs: 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 Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. There should be documentation of pain at least 3 months in duration and evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, the patient reported significant improvement following chiropractic and acupuncture treatment. There is no documentation of failure to respond to other appropriate pain modalities including medication. There was also no evidence of a treatment plan including the specific short-term and long-term goals of treatment with the TENS unit. Based on the

clinical information received, the patient does not currently meet criteria for the use of a TENS unit. As such, the request is non-certified.