MAXIMUS Federal Services

Case Number:	CM13-0035389		
Date Assigned:	12/13/2013	Date of Injury:	02/16/2013
Decision Date:	12/09/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/17/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 21 year old female with an injury date of 02/16/13. Based on the 08/19/13 progress report provided by [redacted]., the patient complains of mid and low back pain. Physical examination to the thoracic spine revealed tenderness to the left thoracic rhomboid musculature and 50 degrees flexion. Examination to the lumbar spine revealed tenderness with a palpable trigger point over the left lower lumbar musculature. Range of motion was decreased, especially on extension 20 degrees. Straight leg raise test positive on the left and sensation to touch slightly decreased in the left S1 dermatomal pattern. Treater states TENS is recommended "as patient continues to experience persistent midback and lower back discomfort. Patient states that use of a TENS during therapy treatment sessions in the past was beneficial."Diagnosis 08/19/13- thoracic rhomboid strain- lumbosacral strain- disc extrusion at L5-S1 with slight contact upon the left S1 nerve root per 05/15/13 MRI [redacted] is requesting TENS UNIT X 1 MONTH RENTAL. The utilization review determination being challenged is dated 09/27/13. The rationale is "no evidence that this modality will be used in conjunction with any treatment program to maximize its purpose as isolated intervention..." [redacted] is the requesting provider and he provided treatment report dated 08/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit x 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with mid and low back pain. The request is for TENS unit x 1 month rental. An examination to the lumbar spine on 08/19/13 revealed tenderness with a palpable trigger point over the left lower lumbar musculature. Range of motion was decreased, especially on extension 20 degrees. A straight leg raise test positive on the left and sensation to touch slightly decreased in the left S1 dermatomal pattern.According to MTUS guidelines (p116) on the criteria for the use of TENS in chronic intractable pain: "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial."Per progress report dated 08/19/13, the treating physician states TENS is recommended "as patient continues to experience persistent midback and lower back discomfort. Patient states that use of a TENS during therapy treatment sessions in the past was beneficial." The patient's diagnosis dated 08/19/13 included thoracic rhomboid strain and lumbosacral strain. In this case, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, and phantom pain. The request is not medically necessary and appropriate.