

Case Number:	CM13-0039590		
Date Assigned:	03/28/2014	Date of Injury:	05/17/2013
Decision Date:	05/07/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/07/2013

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, 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 47 year-old male with date of injury 5/17/13. The treating physician report dated 9/17/13 indicates that the patient presents with pain affecting the lumbar spine, left gluteal region, right periscapular region and headaches rated a 4/10. The current diagnoses are: 1. Chronic bilateral lumbar radiculopathy, left greater than right. 2. Post-concussion syndrome. The utilization review report dated 10/3/13 denied the request for TENS unit with Hen programs 60-90 days with electrodes and batteries and a lumbar MRI based lack of medical necessity per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME GSM TRIAL (NU) TENS UNIT WITH HAN PROGRAMS 60-90 DAYS, WITH 8 PAIRS ELECTRODES AND 6 UNITS BATTERIES PER MONTH: 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): 114-121.

Decision rationale: The patient presents with chronic headaches and low back pain rated at 4/10. There is radiating pain to the left gluteal region and right periscapular region. The request is for Home GSM Trial (NU) Tens unit with Han programs 60-90 days, Electrodes 8 pairs per month and batteries 6 units per month. The treating physician states that the patient has had a cervical and thoracic MRI, but no MRI of the lumbar spine. The treating physician notes that the patient has had some success with a trial of TENS during physical therapy and recommendation was made for a home trial. The MTUS guidelines regarding TENS for chronic pain state, "Not recommended as a primary treatment modality, but a one-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, for the conditions described below." The current request is for a trial of TENS unit for 60-90 days which is beyond the guideline recommendations. Recommendation is for denial.