

Case Number:	CM13-0040710		
Date Assigned:	12/20/2013	Date of Injury:	05/17/2013
Decision Date:	02/10/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 Family 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 47-year-old male who reported an injury on 05/17/2013. The mechanism of injury was noted to be a fall. His diagnoses include chronic bilateral lumbar radiculopathy and post-concussion syndrome. The patient's symptoms are noted to include headaches and low back pain. It was noted at his 09/17/2013 visit that he had participated in 3 to 4 sessions of physical therapy and felt that he was making improvement. He also noted that he was using a TENS unit while at physical therapy and it provided some additional analgesia. The patient's objective findings include tenderness to palpation over the left lumbar paraspinal muscles, pain with active range of motion, positive bilateral straight leg raise, and decreased motor strength in his left ankle dorsiflexors and extensor hallucis. A recommendation was made for continued physical therapy and a trial of a home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM TENS unit with HAN programs for 30 days instead of denied 60-90 days: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that a 1 month home-based TENS unit trial may be considered to treat diabetic neuropathy, postherpetic neuralgia, phantom limb pain, complex regional pain syndrome (CRPS), spasticity, or multiple sclerosis. The criteria also includes documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, and documentation of functional improvement with previous use of a TENS unit. The patient's diagnoses do not include diabetic neuropathy, postherpetic neuralgia, phantom limb pain, CRPS, spasticity, or multiple sclerosis. Additionally, the records indicate that the patient had only just begun his treatment with physical therapy; therefore, it is unknown whether this treatment modality will be effective without the concurrent use of a home TENS unit. Additionally, other conservative treatments that have been tried and failed were not elaborated on in the provided documentation. Furthermore, it was noted that the patient reported benefit from use of a TENS unit with his physical therapy program; however, there is no documentation of significant functional gains made from use of the TENS unit. For these reasons, the request is non-certified.