

Case Number:	CM13-0048195		
Date Assigned:	12/27/2013	Date of Injury:	08/17/2012
Decision Date:	02/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He 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 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 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 male, date of injury 08/17/2012. According to [REDACTED] report on 09/30/2013, listed diagnoses are lumbar radiculopathy, anxiety, depression, and gastritis. Presenting symptoms were pains in the low back and left knee. The request for TENS unit was denied by utilization review on 10/21/2013. [REDACTED] 07/10/2013 report makes reference to abnormal EMG study showing possible L4-L5 radiculopathy, normal studies at the nerve conduction, and MRI of the lumbar spine was negative from 01/16/2013. The request for TENS unit was denied by utilization review letter on 10/21/2013 and this report makes reference to 07/23/2013 report by [REDACTED], but unfortunately, this report was not included in the file. Reviews of the report dating back to 05/22/2013, 05/16/2013 do not make any reference to the requested TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Tens Unit lumbar Spine Plus supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines and Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Page(s): 114.

Decision rationale: MTUS Guidelines make clear recommendations regarding the use of TENS unit. It recommends "a 1-month home-based TENS trial maybe considered as a noninvasive conservative option, if used as an adjunct to a program by evidence-based functional restoration, for the conditions described below". The conditions described below refer to neuropathic pain, phantom limb pain CRPS type II, spasticity, multiple sclerosis. The current request is for TENS unit purchase and not a 1-month rental. Furthermore, this patient does not present with any other conditions that would be indicative for a TENS unit trial. This patient has had a normal MRI of the lumbar spine and there is no evidence of radiculopathy or neuropathic pain. Recommendation is for denial.