

Case Number:	CM13-0048454		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2012
Decision Date:	04/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/05/2013

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 Family Practice, 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 57-year-old who reported an injury on May 16, 2012 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to the low back, hips, and bilateral feet. The patient's treatment history included physical therapy, epidural steroid injections, chiropractic care, home exercise program, and medications. The patient's most recent clinical evaluation documented that the patient had continued 3/10 to 4/10 left radiating pain. Physical findings included tenderness to palpation of the sacroiliac ligaments with reduced motor function in the left hip rated at 4+/5. Range of motion of the lumbar spine was described as 22 degrees in flexion and 4 degrees in extension, 17 degrees in lateral bending to the left, and three degrees in right lateral bending. It was noted the patient had a positive posterolateral quadrant test on the left. The patient's diagnoses included left L5 radiculopathy, L5-S1 right neural foraminal stenosis, L5-S1 grade I spondylolisthesis, acquired pelvic obliquity of the left ileum anterior rotation and upslip, left sacroiliac enthesopathy, lumbar core/pelvis weakness and instability, and sleep disturbances related to chronic pain. The patient's treatment plan included additional physical therapy and a third epidural steroid injection. Request was made for a TENS (transcutaneous electrical nerve stimulation) unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT FOR HOME USE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does recommend the use of a TENS unit as an adjunct therapy to a Functional Restoration Program. The clinical documentation submitted for review does indicate the patient's treatment plan includes continued active therapy and an additional epidural steroid injection that may benefit from the adjunct therapy of a TENS unit. However, the Chronic Pain Medical Treatment Guidelines does recommend a 30-day home trial to establish efficacy and a significant benefit in functional capabilities. The clinical documentation submitted for review does not provide any evidence the patient has previously participated in a 30-day trial of a TENS unit. Therefore, the purchase of this unit would not be supported. The request for a TENS unit for home use is not medically necessary or appropriate.