

Case Number:	CM13-0059812		
Date Assigned:	12/30/2013	Date of Injury:	01/04/2010
Decision Date:	04/04/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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 has complaints of low back pain. Objective findings are ongoing tenderness to the lumbar paraspinal muscles. The patient has full range of motion at the waist with reproducible pain. The patient was requesting a TENS unit. The patient had an MRI on 03/12/2010 with findings of disc desiccation at L4-5, a small protruding disc at L4-5 and facet arthropathies, greater on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day Rental of TENS unit for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The patient is diagnosed with low back pain, The patient was seen on 11/11/2013 and 12/10/2013 with the same complaint of low back pain, the patient will only take Motrin for pain and refuses to use the prescribed Norco and Relafen. The objective findings were ongoing tenderness to the lumbar paraspinal muscles. It was also noted that the patient had full range of motion with some pain noted at the waist. The California Guidelines do note that in

regards to a TENS unit for chronic pain, transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a 1 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 prescribed guidelines state described below. A home-based treatment trial of 1 month may be appropriate for neuropathic pain and CRPS II, neuropathic pain, phantom limb pain and CRPS II, spasticity, and multiple sclerosis. The patient does have continuous low back pain with ongoing tenderness to the lumbar paraspinal muscles. The documentation/diagnosis provided and the guidelines do not recommend for a TENS unit; the patient does not medically qualify. Therefore, the request is non- certified.