

Case Number:	CM13-0061948		
Date Assigned:	12/30/2013	Date of Injury:	06/16/2003
Decision Date:	03/25/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedic Surgery 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:

This case involves a 53-year-old male with date of injury of 6/19/03. There was a chief complaint of low back pain. The exam notes from 9/18/12 demonstrate tenderness on the left greater than right near the L4-5 facet region and up and down the paraspinal musculature from the lower rib to the iliac crest. The sensory/motor/reflex exams are normal. Range of motion (ROM) is decreased with forward flexion, fingertips to just past the knees in extension 15 degrees. The lumbar x-rays show degenerative changes appropriate for age, there are six (6) lumbar vertebrae. An exam from 2/27/13 demonstrates continued left low back pain. A corticosteroid injection was administered. The request is for a four (4) pack of two (2) inch round electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for electrodes two (2) inch round, four (4) pack RS Medical for date of service: 10/25/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 and 116.

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

Decision rationale: The Chronic Pain Guidelines indicate that TENS (transcutaneous electrical nerve stimulation) is "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." The guidelines also indicate, "Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." According to the guidelines, the criteria for the use of TENS include: Documentation of pain of at least three months duration; There is evidence that other appropriate pain modalities have been tried (including medication) and failed; A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; Other ongoing pain treatment should also be documented during the trial period including medication usage; A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; and A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case there is insufficient evidence of functional improvement or other pain modalities initiated during the TENS unit trial. Therefore the determination is for non-certification.