

Case Number:	CM13-0062327		
Date Assigned:	12/30/2013	Date of Injury:	12/02/2008
Decision Date:	04/04/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 46-year-old male with a date of injury of 12/02/2008. The listed diagnoses per [REDACTED] dated 11/20/2013 are: (1) Post L4-L5 laminotomy and discectomy dated 02/25/2011 with residual lumbar musculoligamentous sprain/strain and bilateral lower extremity radiculitis, (2) Temporomandibular joint dysfunction, (3) Psychiatric complaints. According to report dated 11/20/2013, the patient presents with low back pain and stiffness. The patient states that overall pain is at 7/10. It was noted his pain with medication reduces to mild to moderate for a couple of hours which allows him better ranging. Examination of the lumbar spine reveals tenderness to palpation over the paraspinal musculature with myospasm. Tenderness to palpation is also present over the L5 through S1 spinal levels. Active range of motion of the lumbar spine is slow, guarded, and moderately decreased in all ranges with pain. It was noted that patient requires supplies including patches and batteries for TENS unit to allow the patient to continue with his self-guided use at home and to reduce muscle spasm and pain level.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit supplies, patches and batteries: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting supplies for TENS unit including patches and batteries. According to report dated 01/21/2013, the patient is recommended to continue home stimulator unit. A report dated 05/09/2013 states that the home stimulator is helpful. A report dated 10/09/2013 documents patient uses the unit daily. Multiple reports provide statements that patient is utilizing a TENS unit, however, there is no mention of the outcome of usage, functional benefits or decrease in pain. Per MTUS Guidelines, a 1-month trial period of the TENS unit should be documented with function of how often the unit was used as well as outcomes in terms of pain relief. Based on medical records reviewed dated from 01/21/2013 to 11/20/2013 the patient has been utilizing a TENS unit with no documentation in terms of pain relief or functional improvement. The requested supplies for the TENS unit would appear appropriate if the MTUS criteria for the use of the TENS unit were met. The requested supplies for a TENS unit is not medically necessary as the documentation do not provide pain reduction, and functional benefit. Recommendation is for denial.