

Case Number:	CM13-0062336		
Date Assigned:	12/30/2013	Date of Injury:	11/18/2012
Decision Date:	04/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 33-year-old female who reported injury on 11/18/2012. The mechanism of injury was a trip and fall. The patient was noted to be treated with epidural steroid injections and physical therapy. The patient had a left L5-S1 microdiscectomy on 06/12/2013. The documentation of 08/07/2013 revealed the patient's diagnoses were low back pain with sciatica and displacement of a lumbar intervertebral disc without myelopathy. The patient's motor strength was 5/5 and the patient was able to walk without a limp and had an upright posture. The plan was noted to include physical therapy and transitioning into a home exercise program. The physician indicated the patient had an excellent response to a TENS unit since starting to use it during physical therapy on 07/11/2013. The recommendation was for a TENS unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115, 116.

Decision rationale: California MTUS recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review indicated that the patient was to complete the physical therapy and transition to a home exercise program. It was indicated the patient had an excellent response to a TENS unit. There was a lack of documentation of objective functional improvement and objective decrease in the VAS score with the use of the unit. It was indicated that the patient started using the unit 07-11-2013. The request for a 1 month trial of a TENS unit would be supported. The request as submitted, was for a TENS unit trial with no documentation of the quantity of the duration for the trial. Additionally, the physician indicated what they wanted the unit for purchase. Given the above, and the lack of clarity, the request for TENS unit trial is not medically necessary.