

Case Number:	CM13-0062551		
Date Assigned:	12/30/2013	Date of Injury:	09/25/1992
Decision Date:	04/11/2014	UR Denial Date:	11/27/2013
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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of September 25, 1992. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and prior failed lumbar spine surgery. In a Utilization Review Report of November 27, 2013, the claims administrator denied a request for one month home rental of a TENS unit and also denied a request for four visits of physical therapy comprising of TENS stimulation. The claims administrator, despite giving the applicant a diagnosis of 'failed back syndrome,' stated that there was no evidence that pain medications have been tried and failed before the TENS unit trial had been sought. The applicant's attorney subsequently appealed. On November 1, 2013, the attending provider notes that the applicant has had heartburn problems with anti-inflammatories in the past. 5-6/10 persistent low back pain is reported. The applicant is having difficulty doing home exercises despite medication usage. He is given refills of Vicodin, Zocor, Zestril, metformin, Prilosec, aspirin, Allegra, Topamax, Protonix, and flurbiprofen cream. The patient is described as "permanently disabled." He is apparently on Social Security Disability Insurance (SSDI).

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MONTH HOME RENTAL OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT: Overturned

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 Criteria for the Usage of TENS Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, TENS units are tepidly endorsed on a one-month trial basis in the treatment of chronic intractable pain of greater than three months' duration in those applicants in whom other appropriate pain modalities, including pain medications have been tried and/or failed. In this case, the employee has in fact tried and failed analgesic medications, spine surgery, physical therapy, etc. Significant pain complaints persist. A one-month trial of a TENS unit is therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified on Independent Medical Review.

FOUR (4) VISITS OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT TRIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine Page(s): 98-99.

Decision rationale: A one-month trial of home TENS device has been certified, above. As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy and active modalities are preferred over passive modalities such as TENS during the chronic pain phase of an injury. As noted previously, the one-month home base trial of a TENS unit has been certified above, effectively obviating the need for four physical therapy visits for TENS stimulation purposes. Therefore, the request remains not certified, on Independent Medical Review.