

Case Number:	CM13-0066530		
Date Assigned:	01/03/2014	Date of Injury:	05/07/2013
Decision Date:	04/01/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/16/2013

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 and Rehabilitation 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 31 year-old injured worker who sustained an injury on 5/7/13 while employed by [REDACTED]. Request under consideration include 3 month trial of TENS unit for home use for the lumbar spine. Lumbar spine MRI on 9/19/13 had no significant central canal or neural foraminal stenosis or impingement, only with mild facet arthropathy. Report of 9/5/13 from the provider noted the patient with low back symptoms that radiated into the lower extremities that developed while performing repetitive pushing in the workplace at pain rate of 9/10. Exam noted good motor strength in the lower extremities with exception of slight weakness involving left dorsiflexion; right lower leg muscles were normal. Diagnosis was Lumbago. Plan was for the patient to start a 3-month trial of TENS for home use starting on 9/25/13. Request was non-certified on 11/15/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 month trial of TENS unit for home use for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

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

Decision rationale: According to the MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. Based on the medical records provided for review, it appears the patient has received extensive conservative treatment to include medications, multiple therapy modalities, and TTD; however, functional status and pain relief remain unchanged. There is no documented short-term or long-term goals of treatment with the TENS unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Home TENS Unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered. Submitted reports have not adequately demonstrated necessity for 3 month trial instead of initial 30-day trial to assess for functional benefit. The request for a 3 month trial of TENS unit for home use for the lumbar spine is not medically necessary and appropriate.