

Case Number:	CM13-0067184		
Date Assigned:	01/03/2014	Date of Injury:	12/13/2010
Decision Date:	05/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 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 [REDACTED] employee who has filed a claim for lumbar disc displacement associated with an industry injury of December 13, 2010. Thus far, the patient has been treated with TENS unit, Norco, buprenorphine, NSAIDs, glucosamine chondroitin, capsaicin cream, lumbar epidural steroid injection, chiropractic therapy, home exercise program, facet radiofrequency ablation procedure, and bilateral facet joint injections, most recently on October 15, 2013. There is record of use of marijuana on occasion. Patient's condition is considered permanent and stationary. In a utilization review report of December 12, 2013, the claims administrator denied a request for purchase of TENS unit as no specific treatment plan indicating short and long-term goals was indicated. Review of progress notes shows 80% pain relief on the right from the latest facet joint injection, but no benefit on the left side. Patient notes tightness of the low back with minimal lower extremity radicular symptoms. Patient is currently weaning down on medications; currently on buprenorphine with naproxen as needed. Lumbar MRI performed August 11, 2011 showed multi-level disk desiccation, tiny multi-level sUBLUXATIONS, multi-level posterior herniated disks, central spinal canal narrowing at L3 to 4 and L4 to 5 levels. The herniated disk touches the right lateral exiting nerve roots from L3 to 4 through L5 to S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF TENS UNIT: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. Patient continues to use a TENS unit while on a home exercise program, which has allowed weaning of medications. Progress notes report 20% decrease in pain level with TENS lasting a couple hours and increased ability to perform ADLs with less stiffness. However, there is no documentation regarding the trial period of TENS use including derived functional benefits or a specific plan with short- and long-term goals. Therefore, the request for purchase of TENS unit is not medically necessary.