MAXIMUS Federal Services

Case Number:	CM13-0067537		
Date Assigned:	01/03/2014	Date of Injury:	07/13/2009
Decision Date:	06/27/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/24/2013

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 injured worker is a 57-year-old male who reported an injury on 07/13/2009. The mechanism of injury was not provided. In the clinical note dated 10/18/2013, it noted the injured worker presented with neck, back, and shoulder pain with numbness and sharpness. Upon examination, there was pain elicited when standing and extension, more to the right than the left, and a slightly kyphotic and antalgic gait, favoring the right side. There is a positive straight leg raise and minimal myotonic tenderness. The diagnoses were lumbar sprain/strain, low back pain, discogenic pain, facet syndrome, lumbosacral radiculopathy, hip pain, and chronic pain. Previous treatment included amitriptyline, glipizide, medical cannabis, metformin, cyclobenzaprine, citalopram, docusate sodium, Norco, and MS-Contin, Topamax, trazodone, and zolpidem. The current treatment plan is to increase the MS-Contin by 33%, increasing it to 30 mg twice daily. The provider recommended the purchase of a TENS unit for the low back; the rationale was not provided. The Request for Authorization form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PURCHASE OF A TENS UNIT FOR THE LOW BACK: Upheld

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

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

Decision rationale: The request for the purchase of a TENS unit for the low back is non-certified. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The results of studies are inconclusive, the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer the question of long term effectiveness. There is a lack of documentation indicating significant deficits upon physical examination. The provider's rationale on how the injured worker was to gain functional restoration from the TENS unit was not provided. There was no documentation of an adequate TENS trial. Therefore, the request is not medically necessary and appropriate.