

Case Number:	CM13-0067564		
Date Assigned:	01/03/2014	Date of Injury:	06/27/2005
Decision Date:	04/23/2014	UR Denial Date:	12/10/2013
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 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 56-year-old female who reported an injury on 06/27/2005. The mechanism of injury was a lifting injury. The patient was diagnosed with lumbosacral radiculitis and postlaminectomy syndrome of the lumbar. The patient had previous lumbar fusion in 04/2008 which did not relieve her pain. The patient reported radiating pain to the low back, hips, back of thighs, and into the legs and toes. The patient rated her pain at 8/10. The patient has been treated with physical therapy, epidural steroid injections, acupuncture, massage therapy, and a TENS unit. The patient has also been treated with Soma, Flexeril, Vicodin, Norco 10, omeprazole, lisinopril, and hydrochlorothiazide. The patient had tenderness to the lumbar paraspinal muscles, increased pain with flexion of the spine and increased pain with extension of the spine. The patient had a positive straight leg raise test bilaterally. The patient was recommended a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of a new TENS Unit with supplies, batteries, and electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on TENS Unit, (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

Decision rationale: California MTUS states criteria for a TENS unit includes evidence that appropriate pain modalities have been tried, including medication, and failed. The guidelines also state a 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities with a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The patient complained of low back pain with radiating pain to the bilateral lower extremities; however, the documentation submitted for review does not show evidence of how often the TENS unit was used, pain relief or an increase in the patient's function. Also, the documentation does not show evidence of the patient participating in an exercise program. Given the lack of documentation to support guideline criteria, the request is non-certified.