

Case Number:	CM13-0069119		
Date Assigned:	01/03/2014	Date of Injury:	06/09/2006
Decision Date:	05/23/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for chronic lower back pain with muscle spasm and radiculopathies, right more than left; and depression associated with an industrial injury date of 08/09/2006. Treatment to date has included physical therapy, facet injection, lumbar epidural steroid injection, lumbar facet joint injection, acupuncture, and medications such as OxyContin, Lamictal, docusate, omeprazole, Cymbalta, Amrix, Lyrica, Nucynta, Norco, and Ambien. Utilization review from 12/16/2013 denied the request for purchase of TENS unit for lumbar spine because of lack of documentation of a change in condition or increase in pain that would necessitate an additional treatment modality. There was likewise no evidence that the patient was still participating in a functional restoration program - a required adjunct of TENS therapy. Medical records from 2013 to 2014 were reviewed stating that patient complained of chronic low back pain, graded 5/10 in severity, radiating to right lower extremity associated with cramping and numbness. Physical examination showed tenderness at right paralumbar area from L3-L5 levels, right piriformis, right anterior iliacus, right psoas, and right greater trochanter. Achilles tendons were mildly tender and swollen. Range of motion of T12 flexion was limited at 45 degrees, lumbar flexion at 45 degrees, and lumbar extension at 10 degrees. Major muscle groups of right lower extremity were graded 4/5 in strength testing. Facet loading on the right side resulted to pain. Triceps surae reflexes were absent bilaterally; while plantar reflexes were decreased bilaterally. Gait exhibited unequal and asymmetrical weight bearing on both lower extremities. Speed of movement was slow and staggered. Stance was wide-based and slightly unbalanced. Right calf exhibited tenderness to touch.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A TENS UNIT FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, the patient has been complaining of chronic low back pain and the rationale given for this request is to reduce neuropathic pain. A report dated 02/06/2014 stated that the patient was not performing her exercises due to pain and difficulty. However, a home exercise program is a requisite adjunct treatment for TENS. Moreover, as stated in page 116, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was no documentation regarding the specific goals that should be achieved with the use of TENS. In addition, there is no citation as to why a rental unit cannot suffice at present since the initial trial will only last for a month. Therefore, the request for purchase of a TENS unit for the lumbar spine is not medically necessary.