

Case Number:	CM13-0069920		
Date Assigned:	01/03/2014	Date of Injury:	06/24/2008
Decision Date:	04/29/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/24/2013

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, and is licensed to practice in Illinois. 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 47-year-old male who reported an injury on 06/24/2008. The patient was reportedly injured when he was tossed 10 to 15 feet from a tractor resulting in a fracture of the right fibula. The patient is currently diagnosed with reflex sympathetic dystrophy of the right lower extremity, lumbar disc bulges, lumbar spine radiculopathy, lumbar neuralgia, lumbar facet joint pain, sacroiliac joint pain, and a healed right fibula fracture. The patient was seen by [REDACTED] on 11/07/2013. The patient reported 6/10 pain in the lower back with radiation to the right lower extremity. Physical examination on that date revealed diffuse myofascial pain, mild edema of the right lower extremity, diminished lumbar range of motion, and 5/5 motor strength in the bilateral lower extremities. Treatment recommendations at that time included continuation of current medications. The patient was also advised to continue the use of his home TENS unit for localized pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints; Chronic Pain Medical Treatment Guidelines: Te.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 117-121.

Decision rationale: California MTUS Guidelines state Transcutaneous Electrotherapy Nerve Stimulation (TENS) is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered as a non-invasive conservative option. As per the documentation submitted, the patient currently utilizes a home TENS unit. The medical necessity for an additional unit has not been established. Documentation of how often the unit is used as well as outcomes in terms of pain relief and function was not provided. There is also no evidence of a treatment plan including the specific short and long-term goals of treatment with the TENS unit. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.