

Case Number:	CM14-0005362		
Date Assigned:	02/14/2014	Date of Injury:	05/22/2006
Decision Date:	06/30/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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:

This is a 58-year-old male patient with a 5/22/06 date of injury. He had exacerbated low back pain from 2003, which was initiated by pulling airplane parts from a crate. He was given injections to his back. A 12/19/07 progress report indicated that the patient had low back pain which radiated to the left leg. He had left leg numbness to the ankle. The patient had difficulty driving, sitting, and sleeping due to the pain. He reported constant right knee throbbing pain. The pain increased with ascending or descending stairs. The patient also reported numbness in the left ankle. He was diagnosed with chronic lower back pain with L5-S1 disk degeneration and history of bulging. On a 2/11/13 progress report, the patient reported that his TENS unit was broken. An 11/25/2013 progress report indicated that the patient complained of persistent low back pain. Exam findings revealed restricted range of motion of lower extremities. Treatment has included Naprosyn and Flexeril, physical therapy, a lumbar brace, and one month trial of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR THE BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS),

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that 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. Criteria for the use of TENS unit include chronic intractable pain, pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The patient presented with severe pain in the lower back which radiated to the lower extremities. Treatment included Norco, Soma, Zipsor, and a TENS unit one month trial. However, there was no documentation that the patient had any benefit from the TENS trial. As such, the request is not medically necessary.