MAXIMUS Federal Services

Case Number:	CM14-0005944		
Date Assigned:	03/03/2014	Date of Injury:	10/15/2013
Decision Date:	07/02/2014	UR Denial Date:	12/23/2013
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 Occupational Medicine 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 a 42-year-old male who has submitted a claim for lumbar spine sprain/strain with radiculitis and myospasms associated with an industrial injury date of October 15, 2013. Medical records from 2013 were reviewed. The patient complained of on-and-off lower back pain graded 7-8/10 with radiation to the left lower extremity. Pain was aggravated by sitting down at night. Physical examination showed tenderness and spasms in the lumbar paraspinal muscles, left gluteal area, and left sacroiliac joint; restricted ROM at flexion of 15 degrees, extension of 10 degrees, and left and right flexion of 10 degrees; hypoesthesia of the left posterior thigh; and patellar and Achilles reflex of 3+ and 2+, respectively. Treatment to date has included NSAIDs, muscle relaxants, topical analgesics, and chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, TENS unit Page(s): 114-116.

Decision rationale: Pages 114-116 of the CA 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. In this case, the patient was injured last October 15, 2013. There was persistence of symptoms despite intake of oral pain medications and chiropractic sessions. However, the request is premature; guidelines require pain of at least 3 months duration. In addition, short- and long-term goals with TENS use were not indicated. Furthermore, the request did not indicate whether the TENS unit is for rental or purchase. Therefore, the request for TENS unit is not medically necessary.