

Case Number:	CM14-0007637		
Date Assigned:	02/07/2014	Date of Injury:	04/21/2008
Decision Date:	07/11/2014	UR Denial Date:	01/19/2014
Priority:	Standard	Application Received:	01/21/2014

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 lumbago associated with an industrial injury date of April 21, 2008. Medical records from 2010 to 2013 were reviewed. The patient complained of lower back pain graded 7/10 with left lower extremity symptoms. Physical examination showed lumbar spine tenderness and decreased ROM, 4/5 MMT of the left lower extremity, and positive SLR on the left. Treatment to date has included NSAIDs, opioids, lumbar bracing, home exercise programs, physical therapy, moist heat, and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS TRIAL (60) DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS - Transcutaneous Electrotherapy.

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

Decision rationale: As stated on pages 114-116 of the 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.

Criteria for the use of TENS unit include pain of at least three months duration, evidence that other appropriate pain modalities have been tried 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 presented with persistent lower back pain with left lower extremity symptoms despite oral pain medication intake and physical therapy. Medical necessity for TENS trial was established. However, TENS trial is recommended for 30-days only as stated above. In addition, short- and long-term goals with TENS unit use were not mentioned in the medical records reviewed. Therefore, the request for 1 TENS trial (60) days is not medically necessary.