

Case Number:	CM14-0105981		
Date Assigned:	07/30/2014	Date of Injury:	10/04/2007
Decision Date:	10/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 injured worker is a 59 year old male who reported an injury on 10/04/2012. The mechanism of injury was he reportedly reached over and felt his back pop. His diagnoses were lumbago, chronic pain syndrome, degenerative disc disease, and morbid obesity. His previous treatments were not provided. He had an MRI of the lumbar spine on 10/18/2007 that showed L4-5 disc degeneration and broad based disc bulge, disc bulge at L5-S1, and mild bilateral neuroforaminal stenosis. He also had electromyography done which revealed L5-S1 radiculopathy. His previous surgery consisted of right knee meniscus repair in 2002. The note from 06/10/2014 showed the injured worker reported persistent pain and rated his pain level 4/10. Objective findings included decreased range of motion of the lumbar spine with extension at 15 degrees, flexion at 40 degrees, motor examination was 5/5 and equal, and no neurological deficits noted. His medications included Flexeril 10mg 3 times per day, Percocet 10/325mg 4 times daily, and Hydromorphone 4mg 4 times daily. The treatment plan was for a transcutaneous electrical nerve stimulation unit for 30 days. The rationale for request was to help with the injured worker's pain. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated in the California MTUS Guidelines, the transcutaneous electrical nerve stimulation unit is not recommended as a primary treatment modality; however, a 1 month home based trial may be considered as a noninvasive conservative option if it is used as an adjunct to a program of evidence-based functional restoration. Although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. The injured worker reported he felt his back pop when he reached for something while at work. He reported persistent pain and his MRI showed mild bilateral neuroforaminal stenosis at L5-S1 along with a disc bulge. The guidelines indicate that the unit is not recommended as a primary treatment modality. There is a lack of documentation indicating the unit would be used in conjunction with a program of evidence-based functional restoration. Furthermore, the guidelines note that a 1 month in home trial may be supported but there is no documentation of any significant functional deficits to support the necessity of a transcutaneous electrical nerve stimulation unit. In addition, the submitted request does not specify the site of treatment. As such, the request for a transcutaneous electrical nerve stimulation unit for 30 days is not medically necessary.