

Case Number:	CM14-0010443		
Date Assigned:	02/21/2014	Date of Injury:	11/13/2012
Decision Date:	06/25/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/28/2014

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:

The patient is a 53-year-old male who has submitted a claim for lumbar stenosis, lumbar sprain/strain, lumbar disc protrusion, and lumbar facet joint arthropathy associated with an industrial injury date of November 13, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic lower back pain aggravated by prolonged sitting, prolonged standing, lifting, twisting, driving, and lying down. Physical examination showed tenderness of the lumbar paraspinal muscles, lumbar spine and bilateral lower extremity ROM were restricted by pain. There was positive pelvic rock. Symmetric muscle stretch reflex was +1 bilaterally on all limbs. Treatment to date has included back bracing, NSAIDs, opioids, narcotics, and physical therapy. Utilization review from January 6, 2014 denied the request for TENS unit purchase and supplies due to lack of documentation of a one-month TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PURCHASE AND SUPPLIES: 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, TENS, CHRONIC PAIN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, 9792.24.2., Page(s): 114-116.

Decision rationale: According to 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. Guidelines also state that evidence of other appropriate treatment modalities have been tried and failed. In this case, the patient was prescribed TENS unit for purchase to be used for the chronic lower back and knee pain. However, a one-month trial of the TENS unit was not documented in the medical records reviewed. In addition, recent progress notes reported that oral medications provided 50% improvement in pain scores and in maintenance of ADLs. The duration of use and body part to be treated were likewise not specified. Therefore, the request for TENS unit purchase and supplies is not medically necessary.