

Case Number:	CM14-0010467		
Date Assigned:	02/21/2014	Date of Injury:	03/24/2013
Decision Date:	07/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/27/2014

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 He/she has been in active clinical practice for more than five years and is currently working at least 24 hours 3 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 55-year-old female who has submitted a claim for lumbar facet arthropathy and lumbar radiculitis associated with an industrial injury date of 03/24/2013. Medical records from 07/19/2013 to 01/14/2014 were reviewed and showed that patient complained of severe low back pain rated 5-9/10 which radiates down the leg with associated numbness and tingling. Pain was aggravated with prolonged standing and sitting. Physical examination revealed tenderness to palpation over the lower back. SLR test was positive on the right side. Spurling's and Hoffman's tests were negative. MMT was 5/5 for bilateral lower extremities. Sensation to light touch was intact. DTRs were 3+ on the right lower extremity and 2+ on the left lower extremity. MRI of the lumbar spine dated April 23, 2013 demonstrated herniated nucleus pulposus at L5-S1, L4-L5 foramina stenosis, and compression of the L5 nerve root. X-ray of the lumbar spine dated 01/14/2014 revealed degenerative disc disease. Treatment to date has included physical therapy, lumbar epidural steroid injection, gabapentin, butrans patch, cymbalta, ketoprofen and protonix. The utilization review, dated 01/02/2014, denied the request for TENS unit for the lumbar spine because there was insufficient documentation to establish medical necessity for the requested home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE TENS UNIT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 114-115.

Decision rationale: According to CA MTUS Guidelines, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, there was no documentation of the outcomes of TENS treatment. There was no discussion or documentation of actively participating in an independent HEP, which is a necessary adjunct to TENS therapy. The request likewise failed to specify the duration of TENS use and if the device is for rental or purchase. Therefore, the request for continued TENS unit for the lumbar spine is not medically necessary.