

Case Number:	CM14-0010688		
Date Assigned:	02/21/2014	Date of Injury:	06/19/2013
Decision Date:	07/15/2014	UR Denial Date:	12/27/2013
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 Physical Medicine and Rehabilitation, 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 56-year-old male who has submitted a claim for lumbar spine sprain/strain with radiculopathy, and right shoulder sprain/strain associated with an industrial injury date of June 19, 2013. Medical records from 2013 were reviewed. The patient complained of persistent low back pain, rated 6/10 in severity. The pain was aggravated by decrease in temperature. Physical examination showed tenderness with spasms of the lumbar paraspinals and tenderness to palpation of the bilateral sacroiliacs. There was limited range of motion of the thoracolumbar spine secondary to pain. Pinwheel sensory dermatomes L1 to S1 were intact. Patellar L4 reflex was 1+ bilaterally and Achilles S1 reflex was 2+ bilaterally. Imaging studies were not made available. Treatment to date has included medications, physical therapy, acupuncture, a functional restoration program, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT - LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: As stated on page 114-116 of the California 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, if used as an adjunct to a program of evidence-based functional restoration. 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 had persistent low back pain. The rationale for the use of a TENS unit was not documented. It was not mentioned if the current request would be a one-month home-based TENS trial. In addition, there was no documentation regarding failure of other ongoing treatment modalities or medications being used. A treatment plan concerning the use of the TENS unit was also not found in the documentation. The guideline criteria have not been met. Also, the present request failed to specify the duration of the treatment. As such, the request is not medically necessary.