MAXIMUS Federal Services

Case Number:	CM14-0012126		
Date Assigned:	03/07/2014	Date of Injury:	04/10/2012
Decision Date:	06/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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 Florida. 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 38-year-old male with an injury reported on June 22, 2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated November 13, 2013, reported that the injured worker complained of low back pain. The physical examination findings reported lumbar paraspinal muscle tenderness, with mild spasms noted. The injured worker's lumbar range of motion demonstrated flexion was to 50 degrees and extension to 20 degrees. The injured worker's diagnoses included multilevel lumbar disc desiccation and bulging with annular tear at the L3-4 level with mild stenosis; thoracic strain. The request for authorization was submitted on October 30, 2013.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; Criteria for the use of TENS, Page(s): 114-116.

Decision rationale: The request for transcutaneous electrical nerve stimulation unit is non-certified. The injured worker complained of low back pain with lumbar paraspinal muscle

tenderness, and mild spasms noted. It was noted that the injured worker's lumbar range of motion with flexion was to 50 degrees and extension to 20 degrees. The Chronic Pain Medical Treatment Guidelines there should be documentation indicating injured workers have had chronic intractable pain with documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There is a lack of clinical information provided that the injured worker had a one-month trial period of the TENS unit as well as the outcome. According to the Chronic Pain Medical Treatment Guidelines recommendations the injured worker must be documented having chronic intractable pain for at least three months; it was noted that the injured worker stated that his back is feeling better. There is also a lack of clinical information provided indicating appropriate pain modalities that the injured worker was unresponsive to. Furthermore, the rationale for the short term and long term treatment goals for theTENS unit was not provided. Moreover, the request did not include the length of time for the TENS unit.The request for a TENS unit is not medically necessary or appropriate.