

Case Number:	CM14-0015444		
Date Assigned:	06/11/2014	Date of Injury:	06/03/2013
Decision Date:	07/21/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 Texas. 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 62 year old male who reported injury to his lower back secondary to throwing trash in the dumpster on 06/03/2013. He complained of intermittent pain in the lower back radiating to the left leg rating his pain as an 8/10 on a 0-10 pain scale. He continued working with a modified duty capacity. The physical examination on 03/24/2014 showed that he did not appear to be in any acute distress, and there was tenderness to palpation along the left lumbosacral paraspinal muscles that radiated into the left buttock, his straight leg raise test was positive on the left, but negative on the right and no signs of sensory deficit or motor weakness. The spine itself was non-tender, forward flexion was approximately 40 degrees and back extension was 10 degrees, and the patellae and ankle reflexes were 1+ bilaterally. He had a magnetic resonance imaging of the lumbosacral spine that showed multilevel degenerative changes, with marked diffuse disc bulge with facet joint osteoarthropathy and mild central canal stenosis exacerbated by a small right paracentral disc protrusion at the L3-L4 level. There was also mild encroachment upon the neural foramina. At the L4-L5 disc, there was a broad-based posterior disc bulge with facet joint osteoarthropathy and unfavorable spinal canal anatomy with mild spinal canal stenosis. There was also mild encroachment on the neural foramina. At L5-S1, there was degenerative space with a broad based posterior disc bulge and osteophytosis. The facet joints were hypertrophic, the right greater than the left. There was stenosis at the right L5-S1 neural foramen. The injured worker had diagnoses of lumbosacral strain with left lower extremity radicular symptoms. His past treatments were physical therapy in which they used the transcutaneous electrical nerve stimulation (TENS) unit and the injured worker stated great improvement but the pain came back. He was offered medication management, a referral to pain management and epidural injections; however, the injured worker declined all three stating he only wanted to do home therapy with the TENS unit because it helped so much during physical

therapy. The treatment plan is for a 30 day trial of a usual and customary two (2) lead TENS unit. The request for authorization form was not submitted for review. There is no rationale for the request for a 30 day trial of a usual and customary two (2) lead TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 DAY TRIAL OF A USUAL AND CUTOMARY 2 LEAD TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, TENS- Transcutaneous Electrical Nerve Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Transcutaneous Electrical Nerve Stimulation, page(s) 114-116 Page(s): 114-116.

Decision rationale: The injured worker complained of intermittent pain in the lower back radiating to the left leg rating his pain as an 8/10 on a 0-10 pain scale. He continued working with a modified duty capacity. He was treated with physical therapy and the TENS unit. He refused treatment with medications, the referral to pain management and epidural injections. The California MTUS chronic pain medical treatment guidelines for transcutaneous electrical nerve stimulation states that there should be evidence that other pain modalities have been tried and failed including medication and 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. The injured worker was offered medication management, a referral to pain management and epidural injections; however, the injured worker declined all three. Given the above, the request for a 30 day trial of a usual and customary two (2) lead TENS unit is not medically necessary.