

Case Number:	CM14-0018773		
Date Assigned:	02/21/2014	Date of Injury:	10/12/2010
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/13/2014

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 Pain Medicine, and is licensed to practice in Texas and Ohio. 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 66-year-old male with a reported date of injury on 10/12/10. The mechanism of injury was not submitted within the medical records. An operative report dated 10/1/13 reported the injured worker underwent an instrumentation removal from L3 to S1 with additional post posterolateral fusion from L3 to S1. The physical therapy note dated 12/27/13 reported the injured worker was using a TENS unit during physical therapy and was able to perform therapy for a longer duration. The progress note dated 1/24/14 reported the injured worker complained of ongoing low back pain, and was continuing with physical therapy twice a week and participating in home exercises. The progress note reported the injured worker rated his pain at 6/10. The injured worker had diagnoses including myofascial pain, intervertebral disc disease, right lumbar radiculitis, status post lumbar fusion, and status post hardware removal to the lumbar spine. The progress note indicated the injured worker's medication regimen included Tramadol 50 mg, naproxen sodium 550 mg, and Prilosec 40 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: 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, 114

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines TENS,chronic pain, page 114. Page(s): 114.

Decision rationale: The injured worker has been using the TENS unit under physical therapy supervision. The California Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a one month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence based functional restoration. Within the request, it was not indicated whether the unit was being requested for rental or purchase. The guidelines recommend using a TENS unit as an adjunct to an evidence-based program of functional restoration; however, there is a lack of documentation indicating whether the injured worker would be utilizing the TENS unit in conjunction with an evidence based program of functional restoration. There is a lack of documentation indicating the injured worker completed a one month home-based TENS trial with documented efficacy. As such, the request is not medically necessary.