

Case Number:	CM14-0113442		
Date Assigned:	08/01/2014	Date of Injury:	09/20/2012
Decision Date:	12/12/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 Orthopaedic Surgery 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:

This 34-year-old female sustained an industrial injury on 9/20/12. The mechanism of injury was not documented. The patient underwent L5/S1 left hemi-microlaminectomy, microdiscectomy, partial medial facetectomy, neural foraminotomy, and nerve root decompression on 9/6/13. Records documented post-op physical therapy with slow improvement. The 4/28/14 treating physician progress report cited residual lower back pain with no radiation. The patient was working full duty. Physical exam documented lumbar tenderness and spasms, with decreased range of motion. The treatment plan recommended home exercise program and medications as needed. The 6/2/14 treating physician progress report cited intermittent grade 3/10 low back pain radiating into the lower extremities. Pain was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and standing, and walking multiple blocks. Lumbar spine exam documented lumbar paravertebral muscle tenderness and spasms, negative nerve root test, guarded and restricted flexion and extension, and no instability. The patient was working full duty. The 6/24/14 utilization review modified a request for purchase of a TENS unit to a 30-day trial consistent with guidelines. Records suggested that the patient had used a TENS unit during the post-operative period but there was no specific documentation of pain reduction or functional improvement, or completion of the guideline-recommended 30-day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114, 116.

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

Decision rationale: The California MTUS guidelines recommend the use of transcutaneous electrotherapy in the treatment of pain when specific indications are met for individual electrotherapy modalities. In general, the guidelines do not recommend the use of any form of electrical stimulation as a primary treatment modality. A one-month trial is supported for TENS units if there is chronic intractable pain of 3 months duration and other appropriate pain modalities (including medication) have been tried and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to on-going 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. Guideline criteria have not been met for purchase of a TENS unit. There is no evidence in the records of a one-month TENS unit trial with guideline required documentation of use and outcomes. The 6/24/14 utilization review modified the request for purchase of a TENS unit to a 30-day trial as recommended by the guidelines. There is no compelling reason to support the medical necessity of additional TENS use at this time. Therefore, this request is not medically necessary.