

Case Number:	CM14-0123470		
Date Assigned:	09/16/2014	Date of Injury:	02/20/2013
Decision Date:	10/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/04/2014

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 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 37-year-old female who reported an injury on 02/20/2013. The mechanism of injury was due to sitting in an office chair of improper height and size. The injured worker has diagnoses of displacement of lumbar intervertebral disc, lumbar disc herniation with radiculopathy, degenerative disc disease to the lumbar spine. Past treatment included medications, physical therapy, and aqua therapy. Diagnostic testing included an MRI of the lumbar spine on 01/10/2013. There was no pertinent surgical history provided within the documentation. The injured worker complained of low back pain and left leg numbness and tingling, symptoms included bilateral lower extremity and foot neuropathy. The injured worker described her pain as a stabbing, sharp, and sometimes numbing sensation radiating from her lower back to the left leg. The physical exam revealed dense left S1 hypoalgesia. The injured worker had a straight leg raise raising positive at 80 degrees on the left for pain in the sciatic distribution and straight leg raise on the right was negative. The physical exam also showed some tenderness in the left lower facet and paraspinal areas as well as in the sacroiliac region and there appeared to be some scalloping and possible atrophy to the left lateral and posterior calf musculature. Medications included Valium 5 mg. The treatment plan is for transcutaneous electrical nerve stimulator unit for the lumbar spine. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulator Unit for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: The request for Transcutaneous Electrical Nerve Stimulator Unit for the Lumbar Spine is not medically necessary. The injured worker complained of low back pain and left leg numbness and tingling, symptoms included bilateral lower extremity and foot neuropathy. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. 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 for patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a one month trial the guidelines recommend there must be documentation of pain of at least three months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The injured worker has participated in physical therapy. There is a lack of documentation indicating the injured worker has completed a one month home based TENS trial with documentation demonstrating the efficacy of the unit as well as detailing how often the unit was used. Therefore the request for Transcutaneous Electrical Nerve Stimulator Unit for the Lumbar Spine is not medically necessary.