

Case Number:	CM14-0125814		
Date Assigned:	08/13/2014	Date of Injury:	12/10/2003
Decision Date:	09/11/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/08/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 58 year old female with a work injury dated 12/10/03. The diagnoses include lumbosacral disc degeneration, history of lumbar fusion, and history of failed spinal cord stimulator. Under consideration is a request for TENS unit, 3-6 months trial for lumbar spine. There is a primary treating physician report dated 12/19/13 that states that the patient presents for a follow-up visit. She reports persistent pain in the lumbar and thoracic spine. She is still under the care of an orthopedic spinal surgeon. Her pain level is 6-7/10. She is on Lyrica and Kadian. There is tenderness to palpation of the lumbar and thoracic paraspinal musculature. There is limited range of motion due to pain and an antalgic gait. The plan includes medication refill, continue gentle exercise program. Per documentation, a 7/24/14 physical exam noted to have tenderness in the lumbar paraspinal areas with spasticity with a few distinct trigger points, forward flexion is 40 degrees, and extension is 8 degrees and a mild antalgic gait. There is a request for a TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 3-6 months trial for Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS,(transcutaneous electrical nerve stimulation) pages 114-116 Acupuncture Medical Treatment Guidelines Page(s): 114-116.

Decision rationale: Request for TENS unit 3-6 months trial for Lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that "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 time." Additionally, there should be "a treatment plan including the specific short- and long-term goals of treatment with the TENS unit "documented. The above documentation does not submit evidence of a treatment plan. The MTUS request for a 3-6 month trial exceeds the guideline recommendations of a 1 month trial. The request for TENS unit 3-6 months trial for Lumbar spine is not medically necessary.