

Case Number:	CM14-0132828		
Date Assigned:	08/25/2014	Date of Injury:	09/18/2000
Decision Date:	10/23/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/19/2014

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 Pain Medicine 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:

The injured worker is a 43-year-old female with a reported date of injury of 09/18/2000. The mechanism of injury was not listed in the records. The injured worker's diagnoses included disc bulge, lumbar spine, with spinal stenosis; and internal derangement, bilateral knees. The injured worker's past treatments included pain medication and physical therapy. There were no relevant diagnostic imaging studies submitted for review. There was no relevant surgical history documented in the records. The subjective complaints on 06/19/2014 included pain to the lower back and bilateral knees. The physical examination noted a decreased range of motion in the cervical spine and there were spasms present in the lower lumbar region. The straight leg raise was positive on the right. There was decreased sensation in the right lateral thigh. The injured worker's medications included Ambien, Anaprox, Protonix, Xanax, Prozac, Soma, and Ultram. The treatment plan was to order additional physical therapy, give a B12 injection, and order a TENS unit. A request was received for a TENS 4 lead unit. The rationale for the request was to relieve the pain in the lumbar spine. The Request for Authorization form was dated 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS FOUR LEAD: Upheld

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

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

Decision rationale: The request for a TENS 4 lead is not medically necessary. The California MTUS Guidelines state TENS is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based function restoration. The criteria for the use of a TENS are documentation of pain of at least 3 months in duration; there is evidence that other appropriate pain modalities have been tried and failed (including medication); a 1 month trial period of a 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; and rental would be preferred over purchase during this trial. The guidelines also state that if a 4 lead unit is recommended, there must be documentation of why this is necessary. The injured worker has chronic low back pain. The request as submitted is not specific as to if this is a 1 month trial or if this is a purchase. There was a lack of clear documented evidence of the duration of lumbar pain. Additionally, there was a lack of evidence of other pain modalities that have been tried and failed, including medication. Furthermore, there was a lack of documented evidence of a 1 month trial period, and the rationale as to why a 4 lead unit is recommended versus the standard 2 lead unit. Given the above information, the request does not meet the evidence based guidelines. As such, the request is not medically necessary.