

Case Number:	CM14-0135842		
Date Assigned:	08/29/2014	Date of Injury:	01/18/2002
Decision Date:	09/25/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/22/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 46 year old female with an injury date on 01/18/2002. Based on the 06/23/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar subluxation. 2. Neuritis. 3. Facet Syndrome. According to this report, the patient presents with constant moderately severe low back pain, left upper back pain and left neck pain. The pain is described as throbbing, achy, and stabbing pain radiating to the bilateral posterolateral upper thigh. The patient rated the pain as a 9/10 for the low back, upper back and neck pain. Severe hypertonicity of the bilateral suboccipital muscles, gluteal muscles, and lumbar/thoracic/cervical paraspinals muscles was noted. Tenderness is noted at the occiput, C4, C6, T4, T8, L2, L5 and left ilium to sacrum. Positive Kemp's test on the right. Lumbar range of motion is restricted with severe pain. "The patient is suffering an acute condition. "There were no other significant findings noted on this report. The utilization review denied the request on 07/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/22/2013 to 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electric Nerve Stimulation) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114, 116-117.

Decision rationale: According to the 06/23/2014 report by [REDACTED] this patient presents with constant moderately severe low back pain, left upper back pain and left neck pain. The treater is requesting TENS (Transcutaneous Electric Nerve Stimulation) unit but the treating physician's report and request for authorization containing the request is not included in the file. The utilization review denied letter states "records fails to indicate the patient subjective finding, objective findings, or diagnosis that consistent with any of these chronic pain syndrome in which a trial of this therapy would be appropriate." Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial. Review of the medical records from 02/22/2013 to 06/25/2014 shows no indication that the patient has trialed a one-month rental to determine whether or not a TENS (Transcutaneous Electric Nerve Stimulation) unit will be beneficial. Therefore, the request of TENS (Transcutaneous Electric Nerve Stimulation) Unit is not medically necessary and appropriate.