

Case Number:	CM14-0167500		
Date Assigned:	10/14/2014	Date of Injury:	09/25/2006
Decision Date:	12/09/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 54 year old male with an injury date of 09/26/06. Based on the 07/10/14 QME report provided, the patient complains of back pain and ambulates with a cane. Physical examination to the lumbar spine revealed spasm and guarding at the base of the lumbar spine. Range of motion was decreased, especially on extension 10 degrees. Sciatic notch tenderness is present. Per progress report dated 08/12/14 states, "the patient misplaced his TENS unit which was very helpful for his low back pain. He was using it previously daily and decreased his pain from 8/10 - 6/10, increased walking distance and sitting tolerance." Patient's medications included Cialis, Miralax, Lidoderm, Colace, Biotene mouthwash, Pennsaid solution, Ambien, Baclofen, Omeprazole, Phenergan, Flector patch, Gabapentin and Norco. Treater is requesting transcutaneous electrical nerve stimulation (TENS) trial to help with patient's back pain. Electrodiagnostic testing per QME report dated 07/10/14:- abnormal diagnostic study of the bilateral lower limbs- chronic left L5 lumbar radiculopathy- bilateral S1 lumbosacral radiculopathy- no myopathy, no polyneuropathy, no plexopathy Diagnosis 07/10/14:- internal derangement, left knee, status post arthroscopic surgery, healed with residuals- claimed dental, psychological and internal injuries (GERD)- lumbosacral strain with underlying lumbar discopathy and left L5 radiculopathy- right sided medial epicondylitis and metacarpal phalangeal arthritis, second digit, secondary to use of the cane The requesting treater is requesting a TENS unit. The utilization review determination being challenged is dated 09/10/14. The rationale is "no indication patient would be using TENS unit in conjunction with a home exercise program or continued therapy."

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) Unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: The patient presents with back pain and ambulates with a cane. The request is for a TENS unit. Electrodiagnostic testing per QME report dated 07/10/14 revealed chronic left L5 lumbar radiculopathy and bilateral S1 lumbosacral radiculopathy. Per progress report dated 08/12/14, "the patient misplaced his TENS unit which was very helpful for his low back pain. He was using it previously daily and decreased his pain from 8/10 - 6/10, increased walking distance and sitting tolerance." According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." Patient diagnosis dated 07/10/14 included lumbosacral strain with underlying lumbar discopathy and left L5 radiculopathy. The current request is for TENS unit, replacement for a lost unit. Per progress report dated 08/12/14, TENS unit was helping the patient quite a bit with pain reduction and functional improvement. The request is medically necessary.