

Case Number:	CM14-0169650		
Date Assigned:	10/17/2014	Date of Injury:	05/10/2001
Decision Date:	11/20/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain Management 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 63 year old male with a date of injury on 5/10/2001. Per the 3/21/2014 records, the injured worker continued to complain of lumbar spine spasm and low back pain. However, he reported that his medication helped. The lumbar spine examination noted bilateral paralumbar tenderness and his range of motion was limited. Per the 9/10/2014 records, the injured worker was in need of a prescription for transcutaneous electrical nerve stimulation pads. He continued to use transcutaneous electrical nerve stimulation every day. However, he continued to complain of low back pain with spasms to the lumbar spine with occasional flare-ups. Objectively, his range of motion was limited. The most recent records dated 10/15/2014 documented that the requested transcutaneous electrical nerve stimulation pad and muscle relaxants were denied. He continued to complain of low back pain and spasm to the lumbar spine as well as flare-ups. On examination, his range of motion was limited with pain. Tenderness was noted over the bilateral paralumbar muscles as well as bilateral spasms. He was diagnosed with lumbar spine strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month supply TENS pads electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

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

Decision rationale: Evidence-based guidelines indicate that a one-month trial of a transcutaneous electrical nerve stimulation unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) in regards to how often the unit was used as well as outcomes in terms of pain relief and function. Also, there should be evidence that other appropriate pain modalities have been tried and failed. In this case, the records presented indicated that the injured worker has been utilizing this treatment in the chronic term and indicated that it has been helpful for him. The most recent records indicate that his provider noted the spasticity of the injured worker is similar to spinal cord workers and that neuropathy is unrelated to diabetes. His provider further stated that since using the device, he has experienced decreased spasm, pain, and increased range of motion (but there no specific measurements provided). However, contrary to the declarations made by this provider, objective measurements of range of motion did not indicate any significant changes. Also, spasms are still evident and cause limitation to the injured worker's lower back. Based on this information, the transcutaneous electrical nerve stimulation unit is not producing significant changes or improvements to the clinical presentation of the injured worker. Hence, the medical necessity of the requested 12 month supply transcutaneous electrical nerve stimulation pads electrodes is not established. Therefore, this request is not medically necessary.