

Case Number:	CM14-0169928		
Date Assigned:	10/20/2014	Date of Injury:	06/07/2014
Decision Date:	11/20/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Medicine and is licensed to practice in Texas, Ohio, and Florida. 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 29-year-old male who reported an injury on 06/07/2014. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar herniated nucleus pulposus and rule out lumbar radiculopathy. The injured worker's past treatments included back brace, physical therapy and medications. The injured worker's diagnostic testing included official x-ray of the lumbar spine performed on 06/12/2014, which indicated mild hyperlordosis, facet joint arthropathy of the lower lumbar spine, an official ultrasound of the scrotum and testicle performed on 06/12/2014, which indicated postsurgical changes with absence of the right testicle, non-preinstalling echo material seen centrally within the residual sac, left testicle unremarkable. An official MRI of the lumbar spine performed on 07/30/2014, which indicated transitional vertebral body identified and called S1, disc desiccation with a 6 to 7 mm central disc protrusion noted at L5-S1, which flattens the ventral aspect of the thecal sac and encroaches upon the descending S1 nerve roots bilaterally. The injured worker's surgical history included arthroscopy with debridement on the left performed on 09/01/2010 and sinus tarsectomy performed on 09/26/2012. On the clinical note dated 09/17/2014, the injured worker complained of back pain with left thigh pain that extends into his calf, foot, and toes bilaterally. The injured worker had tenderness to palpation, forward flexion to 75 degrees and extension to 10 degrees, and positive straight leg raise bilaterally. The injured worker's medications included Norco and ibuprofen (frequency and dosage not provided). The request was for transcutaneous electrical nerve stimulation (TENS) unit for 2 month rental for the lumbar spine. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for 2 month rental; lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Unit Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Unit Page(s): 116-117.

Decision rationale: The request for TENS Unit for 2 month rental; lumbar spine is not medically necessary. The injured worker is diagnosed with lumbar herniated nucleus pulposus and rule out lumbar radiculopathy. The California MTUS Guidelines do not recommend as 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 functional restoration. The medical records must have documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, a 1 month trial period of the TENS unit should be documented 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 trial. Other ongoing pain treatment should also be documented during the trial including medication usage. A treatment plan including the specific short and long term goals of treatment with a TENS unit should be submitted. The injured worker's medical records lack documentation of an adjunct program for functional restoration and evidence of tried and failed pain modalities. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain for at least 3 months. The request is for a 2 month rental trial for the TENS unit; however, the guidelines recommend a 1 month TENS unit rental trial. Additionally, the request does not indicate frequency of use and length of time be used. As such, the request for TENS Unit for 2 month rental; lumbar spine is not medically necessary.