

Case Number:	CM14-0172373		
Date Assigned:	10/23/2014	Date of Injury:	11/06/2013
Decision Date:	11/25/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 60-year old female with a date of injury on 11/6/2013. Records dated 6/25/2014 indicate that the injured worker complained of low back pain secondary to work-related duties. A physical examination noted tenderness in the lumbar paraspinals with limited range of motion of the lumbar spine and limited by pain. Range of motion was limited in all planes. A magnetic resonance imaging (MRI) of the lumbar spine records dated 8/01/2014 demonstrated the following: (a) mild multilevel circumferentially bulging disc, disc height loss, disc desiccation with posterior annular fissure at L5-S1 contributing to back pain. Moderate bilateral L4-5 and mild bilateral L3-4 degenerative facet changes also contribute to pain. (b) Mild effacement of the sub articular recess is seen at L3-4 with minimal posterior displacement of the descending left L4. No significant spinal canal stenosis seen. And (c) mild left L2-3, left L3-4, and bilateral L4-5 neural foraminal narrowing. Most recent records dated 8/29/2014 noted that the injured worker complained of burning, radicular low back pain and muscle spasms. She rated her pain as 7/10 and described her pain as constant, moderate to severe. Pain was associated with numbness and tingling sensation of the bilateral lower extremities and it was aggravated by prolonged positioning including sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs, and stooping. Her pain was also increased by activities of daily living including getting dressed and performing personal hygiene. A lumbar spine examination noted tenderness at the lumbar paraspinal muscles. Active range of motion was limited in all planes. Sensation was decreased at L4, L5 and S1 dermatomes bilaterally. Motor strength was 4/5 in all represented muscle groups of the lower extremities. She is diagnosed with (a) lumbar spine sprain and strain rule out herniated nucleus pulposus, (b) lumbago, and (c) lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) Unit with 2 months supplies: Upheld

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

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

Decision rationale: Evidence-based guidelines indicate that this treatment modality is not recommended as a primary treatment modality but a one-month based trial may be considered as a non-invasive option if used as an adjunct to a program of evidence-based functional restoration. Transcutaneous electrical nerve stimulation (TENS) is indicated if the injured worker has the following: (a) neuropathic pain, (b) phantom limb and complex regional pain syndrome (CRPS) II, (c) spasticity, and (d) multiple sclerosis. Guidelines also presented a criteria for the use of transcutaneous electrical nerve stimulation (TENS) which include (a) documentation of pain of at least 3 months duration, (b) there is evidence that other appropriate pain modalities have been tried (including medication) and failed, (b) a one-month trial period of transcutaneous electrical nerve stimulation (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; rental would be preferred over purchase during this trial; (d) other ongoing pain treatment should be also documented during the trial period including medication usage, (e) a treatment plan including the specific short- and long-term goals of treatment with the transcutaneous electrical nerve stimulation (TENS) unit should be submitted, and (f) a 2-lead unit is generally recommended; if a 4-lead unit is recommended there must documentation of why this is necessary. In this case, the injured worker is noted to be experiencing low back pain with noted muscles spasms. However, records indicate that she is still undergoing initial conservative measures including physical therapy and medications. In addition, there is no documentation that a one-month trial of transcutaneous electrical nerve stimulation (TENS) as an adjunct to ongoing treatment modalities within a functional restoration approach has been tried. Based on these reasons, the injured worker does not meet the criteria for the use of transcutaneous electrical nerve stimulation (TENS). Therefore, the medical necessity of the requested transcutaneous electrical nerve stimulation (TENS) unit with 2 months supplies is not medically necessary.