

Case Number:	CM14-0184245		
Date Assigned:	11/12/2014	Date of Injury:	10/25/2013
Decision Date:	12/30/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 56 year old female with an injury date of 10/25/13. Based on the 10/15/14 progress report provided by treating physician, the patient complains of low back pain. Patient is status post lumbar spine surgical repair 09/05/14. She has difficulty with movement and ambulates with a cane. Physical examination to the lumbar spine revealed severe pain and tenderness to the lower back. Patient is unable to forward flex to her knees without severe pain and tenderness. The patient is still pending physical therapy. She is currently allergic to Ibuprofen, Vicodin, Sulfas, Naproxen, Motrin, Gabapentin. Patient is temporarily totally disabled. Diagnosis 10/15/14- L4-5 and L5-S1 disc herniation, status post surgical repair.- lumbar spine strain- lumbar spine pain- radiculopathy The utilization review determination being challenged is dated 10/29/14. Treatment reports were provided from 10/25/13 - 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Trial x6 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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 low back pain. The request is for TENS UNIT TRIAL X 6 MONTHS. Patient is status post lumbar spine surgical repair, due to L4-5 and L5-S1 disc herniation 09/05/14. The patient is still pending physical therapy. She is currently allergic to Ibuprofen, Vicodin, Sulfas, Naproxen, Motrin, Gabapentin. Patient is temporarily totally disabled. 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." The treating physician has not documented reason for the request. Patient's diagnosis dated 10/15/14 included lumbar strain with radiculopathy. There is no documentation that patient has trialed a TENS unit. A 30 day trial of TENS would be reasonable given patient's diagnosis, however the request for 6 months cannot be warranted based on guidelines. MTUS requires "documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during trial," in order to extend rental duration over 30 days. The request is not medically necessary and appropriate.