

Case Number:	CM14-0184594		
Date Assigned:	11/12/2014	Date of Injury:	01/12/2010
Decision Date:	12/15/2014	UR Denial Date:	10/01/2014
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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 44 year old male who was injured on 1/12/2010. He was diagnosed with lumbar spine sprain/strain (later diagnosed as chronic lumbar strain), lumbar spine herniated nucleus pulposus with radiculopathy, and anxiety. He was treated with acupuncture. The worker was seen by his chiropractor on 9/11/14 when he reported persistent low back pain with radiation to right leg and ankle. He reported acupuncture helping his pain. Physical findings included tenderness and spasm over the lumbar paravertebral area, positive straight leg raise, positive Kemp's on right, and decreased range of motion of the lumbar spine. He was then recommended more acupuncture treatments, another MRI of the lumbar spine, a referral to a neurosurgeon, and a 30 day trial of TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day rental of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was no mention of a plan for a functional restoration program including physical therapy or exercise that would go best with the TENS unit. Also, there were no documented goals with treatment, which is also required in order to consider TENS unit for trial. Also, it is unclear if the worker has fully exhausted other treatment modalities as there was no report on prior therapies failed. Therefore, considering the above reasons, the TENS unit trial is not medically necessary.