

Case Number:	CM14-0185969		
Date Assigned:	11/13/2014	Date of Injury:	01/03/2013
Decision Date:	12/30/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/07/2014

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 Occupational Medicine and is licensed to practice in New York, and North Carolina. 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:

48 year old man who claims injury 1/3/13 when he was stacking a 50-lb bag of seed onto a pallet, injuring his low back. He is diagnosed with lumbosacral or thoracic neuritis or radiculitis. He had physical therapy, chiropractic treatment, massage therapy, acupuncture and a TENS unit. NSAIDs do not provide relief. He is having low back pain with right leg dysesthesias. MRI in 11/2013 shows disc protrusion at L3-4, displacing the left L3. At L4-5 and L5-S1 there is bilateral foraminal stenosis. He had a three-level transforaminal ESI 7/2014, which, he reports, gave him 60% pain relief. However pain levels were still 8/10 following them on 9/26/14. Ibuprofen doesn't provide adequate relief, he states. His treating physician is appealing the 10/14/14 denial of a TENS unit and four electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 4 Electrodes, DOS 8/26/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 14-116.

Decision rationale: Per the MTUS guidelines, the TENS unit is not approved. Without the TENS unit, there is no need for electrodes. Medical necessity is not established for the electrodes.

Retrospective request for one Transcutaneous Electrical Nerve Stimulation Unit Purchase, DOS 8/26/14: Upheld

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

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

Decision rationale: Per MTUS, TENS is not recommended as a primary treatment modality, but a one-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. There needs to be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental is preferred for the trial. A 2-lead unit is generally recommended - if a 4-lead unit is recommended there must be documentation of why this is necessary. There is no information submitted about a TENS trial in the documentation reviewed. This needs to occur before purchasing a TENS unit. If this unit actually is a 4-lead unit (assumed from the amount of electrodes requested), there is no explanation of why it is needed instead of the 2-lead unit. Medical necessity has not been established for a TENS unit.