

Case Number:	CM14-0020465		
Date Assigned:	05/02/2014	Date of Injury:	07/05/2012
Decision Date:	08/11/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty 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 patient is a 29-year-old female who has submitted a claim lumbar degenerative disc disease with an industrial injury date of 07/05/2012. Medical records from 07/05/2012 to 03/11/2014 were reviewed and showed that patient complained of chronic low back pain (grade not specified) aggravated by cold weather exposure. There was no report of radiation or numbness. Physical examination revealed tenderness to palpation over the upper, mid, and lower paravertebral muscles and right sciatic notch. Lumbar ROM was decreased. SLR and rectus femoris stretch caused back pain without nerve irritability. An MRI of the lumbar spine dated 01/30/2013 revealed desiccative changes at L5-S1. EMG-NCV study of the lower extremities dated 02/15/2013 revealed right mild active L5 denervation. MRI of the lumbar spine dated 08/20/2012 revealed mild degenerative disc disease at L5-S1 and spinal stenosis. X-ray of the lumbar spine dated 11/12/2013 revealed degenerative disc disease and spondylitic disease primarily L5-S1 segment. Treatment to date has included lumbar epidural steroid injection and chiropractic care. Utilization review, dated 02/13/2014, denied the request for purchase of TENS, two lead, multiple nerve, replace battery med, lead wires, and electrodes because there was no documentation that the patient attended PT or has been instructed in a simple exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS, Two Lead ,Multiple Nerve ,Replace Battery Med ,Lead Wires, Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 146.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-117.

Decision rationale: According to California MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the 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. In this case, the patient is not currently attending physical therapy or participating in an exercise program based on the medical records (02/13/2014). The guidelines clearly state that TENS is not recommended as primary mode of treatment. The request likewise failed to specify if the device is for rental or purchase. Therefore, the request for TENS, Two Lead ,Multiple Nerve ,Replace Battery Med ,Lead Wires ,Electrodes 12/20/2012 is not medically necessary.