

Case Number:	CM14-0023871		
Date Assigned:	06/11/2014	Date of Injury:	01/24/2012
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/25/2014

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 & Rehabilitation and is licensed to practice in Oklahoma. 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 44-year-old male who reported injury on 01/24/2012. He was working as a carpenter and fell off of a ladder, striking both of his knees. He complained of low back pain. An MRI of the lumbar spine was done and a lumbar epidural steroid injection on 09/10/2013. This gave him about a 40% reduction in pain but was only transitory. He had lumbar facet injections on 12/17/2013, and as of the 02/07/2014 report, he had about as 70% improvement in his axial pain for about 2 weeks, with longer-lasting improved sitting and standing. The injured worker was treated with physical therapy and his medications included naproxen 550 mg and gabapentin 600 mg. Additionally, he was noted to have had a 30-day trial rental of a TENS unit "with benefit". He also attended both physical and chiropractic therapies, but no dates or modalities were found in the chart. His diagnoses included pain in his lower leg, disorder of sacrum, sciatica, and lumbosacral spondylosis. There was no request for authorization found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PADS/SUPPLIES LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Transcutaneous Electrical Nerve Stimulation.

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

Decision rationale: The request for TENS unit pads/supplies lumbar spine is not medically necessary. The California MTUS Guidelines recommend a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Additionally a treatment plan including the specific short-term and long-term goals of treatment with the TENS unit should be submitted. Although this worker did participate in a 30-day trial of a TENS unit, the clinical record submitted for review failed to provide documentation of objective functional benefit that was received and an objective decrease in pain that was a benefit of the TENS unit nor on what part of the body the unit was utilized. Also, the request as submitted failed to indicate the quantity of TENS unit and supplies being requested. There was no specific treatment plan included. Additionally, there was no quantified documentation of the effectiveness of his medication regimen in pain relief. Given the above, the request for TENS unit supplies/pads lumbar spine is not medically necessary.