

Case Number:	CM14-0027747		
Date Assigned:	06/23/2014	Date of Injury:	12/03/1997
Decision Date:	09/26/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/05/2014

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 Texas and Mississippi. 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 51 year-old male who reported an injury on 12/03/1997. The mechanism of injury was not provided. His diagnoses included lumbar radiculopathy, chronic pain, bilateral groin pain, and a history of seizures. Past treatment has included physical therapy, TENS/pro-stim unit therapy, a home exercise program, and pain medications. The injured worker had an MRI of the lumbar spine on 08/29/2009. The medical record indicated that the injured worker underwent a left knee surgery on an unspecified date. On 05/22/2014, the injured worker complained of low back pain with radiation down the right lower extremity and left knee pain. The injured worker rated his pain at 6/10 with medications and 9/10 without pain medications. It was also noted that he had used a TENS unit several times per week for 2 months and that he found it helpful. The physical examination findings included tenderness upon palpation in the spinal vertebral area at L4-S1 levels, range of motion of the lumbar spine was moderately to severely limited, pain was significantly increased with flexion and extension. There were no changes in the sensory exam or the lower extremity flexor and extensor strength exam. Physical examination findings of the injured worker's left knee were not provided. Medications included celebrex, norco, and tizanidine. The treatment plan was for continuation of the home exercise program, pain medications, and the rental of a tens/pro-stim 5.0 unit for 90 days of therapy. The rationale for the request and the authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pro-stim 5.0 unit x 90-day rental, with supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines state that use of a TENS unit 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. The injured worker was noted to have used a TENS unit for 2 months and that he found it helpful. Based on this documentation, continued rental of a TENS unit is not supported as the guidelines only recommend the rental of a unit for the one month trial. Therefore, continued rental is not supported. As such, the request is not medically necessary.