

Case Number:	CM14-0031394		
Date Assigned:	04/09/2014	Date of Injury:	05/05/2008
Decision Date:	07/07/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 70-year-old male who reported an injury 05/05/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 12/23/2013 indicated a diagnosis of lumbar disc bulge with radiculitis status failed 6 epidural, rule out epidural hematoma. The injured worker reported low back pain with numbness and tingling that radiated down the legs to the toes, constant bilateral leg radiculopathy. The injured worker participated in physiotherapy which he reported provided relief. The injured worker reported frequent upper lumbar pain bilaterally rated 9/10 and burning pain, tingling, and numbness down the left buttocks to the thigh and to the left foot rated 5-6/10. The injured worker reported pain and numbness down the right side of the buttocks, thighs, and foot rated 5-6/10. On physical exam, there was tenderness of the bilateral lumbar paraspinal muscles. Plantar flexion bilaterally was 4, dorsiflexion bilaterally was 4+ straight leg raise was positive bilaterally in the sitting position. The injured worker's lumbosacral spine range of motion revealed flexion was 10 degrees, extension was 0 degrees, left lateral flexion was 0 degrees, right lateral flexion was 5 degrees, left rotation was 0 degrees, right rotation was 0 degrees. The injured worker had decreased sensation of bilateral lower extremities of L5-S1 and severe lumbar muscular spasms with difficulty moving in all directions. The injured worker's unofficial EMG/NCV of the lower extremities dated 06/20/2013 revealed evidence of mild to moderate chronic L4, L5, and S1 radiculopathy of the left greater than right. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for a TENS unit for the lumbar spine. The injured worker's medication regimen included topical transdermal creams, omeprazole, and tramadol. A request for authorization dated 12/23/2013 was submitted for TENS unit; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR THE LUMBAR SPINE: 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 (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

Decision rationale: The California MTUS Guidelines do not recommend TENS 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 criteria for the use of TENS include; documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, 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; rental would be preferred over purchase during this trial, other ongoing pain treatment should also be documented during the trial period including medication usage, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted and 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The documentation submitted does not indicate whether the injured worker participated in a 1 month home based TENS trial documentation of the efficacy of the unit during the trial. In addition, it was not indicated whether the unit is to be used as an adjunct to an evidence based program of functional restoration. Therefore, per the California MTUS Guidelines, the request for TENS unit is not medically necessary and appropriate.