

Case Number:	CM14-0035529		
Date Assigned:	06/23/2014	Date of Injury:	01/03/2013
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 55-year-old female who was injured on 01/03/2013 when she fell to the ground and landed on her tailbone and right side. Prior treatment history has included epidural steroid injection at levels L5-S1 on 07/25/2013. Diagnostic studies reviewed include EMG/NCV study on 04/11/2013 revealed 1) there is evidence of an acute right L5, S1 and left L5 lumbosacral radiculopathy. 2) There is no evidence of peripheral neuropathy or entrapment neuropathy in both lower extremities at this time. MRI of the lumbar spine without contrast on 02/15/2013 revealed 1) L5-S1 reveals approximately 9.0 to 10.0 mm complex disc protrusion with central canal and foraminal stenosis, mostly in the right side. 2) L5-S1 reveals grade spondylolisthesis of L4 over L5 with mild biforaminal stenosis. 3) L3-L4 reveals a 2.0 to 3.0 mm annular bulge with biforaminal stenosis. Ortho follow up notes dated indicates the patient presents with complaints of low back pain that radiates to the left lower extremity with weakness and buttock pain. On exam, the patient ambulates with a cane. The lumbar spine was tender to palpation with myospasms and limited range of motion. Sensation is intact. Diagnoses are lumbar herniated nucleus pulposus (L4-5 and large at L5-S1), low back pain, lumbar radiculopathy, lumbar stenosis, lumbar sprain, and sciatica. The treatment and plan included bilateral L4-5 facet injections. Lidoderm 5% patches. Prior utilization review dated 02/27/2014 states the request for a TENS unit purchase was not authorized as there is no clear evidence of how this modality would help the patient's functional status and there is limited documentation of prior use and sustained functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy: TENS, chronic pain; Criteria for the use of TENS Page(s): 114 - 116.

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

Decision rationale: This is a request for a TENS unit purchase for a 55 year-old-female with chronic low back pain, lumbar degenerative joint disease and degenerative disc disease, spondylolisthesis, and radiculopathy. In this case, however, there is no documentation provided of a one-month TENS unit trial and no documentation of a treatment plan with short and long-term goals. Therefore, the request for TENS unit for purchase is not medically necessary and appropriate.