

Case Number:	CM14-0037260		
Date Assigned:	06/25/2014	Date of Injury:	10/31/2011
Decision Date:	08/13/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 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 injured worker is a 52-year-old female with a reported date of injury on 10/31/2011. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include a lumbar disc protrusion, lumbar degenerative disc disease, lumbar foraminal stenosis, lumbar radiculopathy and status post lumbar microdiscectomy at L4-S1. Her previous treatments were noted to include surgery, medications and acupuncture as well as physical therapy and trigger point injections. The progress note dated 01/10/2014 revealed that the injured worker complained of low back pain rated at a 7/10 and left buttock pain rated at a 6/10. The injured worker reported that the pain was associated with weakness in her low back, left leg and foot as well as numbness in her left leg down to the foot and swelling in her lower back. The pain radiated to her left leg, and she indicated that the acupuncture therapy had provided her with relief. The physical examination of the lumbar spine revealed tenderness to palpation, guarding and spasms noted in the paravertebral region bilaterally, and trigger points were noticeable in the lumbar paraspinal muscles bilaterally. The manual muscle testing revealed 4/5 strength with flexion, extension and bilateral lateral bend. The range of motion was restricted due to pain and spasms and was noted to be flexion of 250 degrees, extension to 15 degrees and right/left lateral bending to 15 degrees. The sensory examination revealed decreased sensation at the left L5 dermatome. The progress note dated 02/07/2014 revealed that the injured worker complained of low back pain radiating to her legs. The provider indicated that the physical examination had not changed, and the injured worker was continuing with acupuncture therapy and awaiting authorization for her TENS unit. The Request for Authorization form was not submitted within the medical records. The request was for a TENS unit for the lumbar spine; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 114, 116.

Decision rationale: The request for a TENS unit for the lumbar spine is not medically necessary. The injured worker does not have documentation of failed conservative therapy. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 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 guideline criteria for the use of a TENS unit is documentation of pain of at least 3 months duration; evidence that other appropriate pain modalities have been tried (including medication) and failed; a 1 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; and rental would be preferred over purchase during this trial. There is a lack of documentation regarding a previous 30 day trial with a TENS unit or that it will be used as an adjunct to ongoing treatment modalities within a functional restoration program. Therefore, the request is not medically necessary.