

Case Number:	CM14-0039068		
Date Assigned:	06/27/2014	Date of Injury:	03/12/2011
Decision Date:	08/15/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 44 year old male who was injured on 03/12/2011. He sustained an injury during the course of performing his usual and customary duties. Prior treatment history has included transforaminal epidural steroid injectin btly L5-S1 and reported 50-80% overall improvement. He has also been treated for pain management including Tramadol 50 mg, Ibuprofen 800 mg, and Tizanidine 2 mg. Pain management note dated 01/13/2014 states the patient complained of low back pain radiating bilaterally to the lower extremities. He rated his pain as 5/10 with medications and 7/10 without medications. He reports increased pain with activity which limits his activities of daily living. Objective findings on exam revealed spasm of the lumbar spine in bilateral paraspinous musculature. There is tenderness noted bilaterally in the paravertebral muscle over L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexoin and extension, rotation. Sensory exam shows decreased sensitivity to touch along the S1 dermatome in the left lower extremity. Straight leg raise with the patient in the seated position was positive on the left for radicular pain at 50 degrees. Diagnoses are lumbar facet arthropathy, lumbar radiculopathy, hypertension, and chronic pain. Treatment and plan included lumbar ETSI. On pain medicine re-evaluation dated 03/10/2014, the patient's symptoms are unchanged. It is noted that the patient received a home TENS unit. Prior utilization review dated 03/20/2014 states the request for TENS unit purchase is denied. No rationale was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: According to MTUS guidelines, TENS may be recommended after a one-month trial in which frequency of use and outcomes, in terms of pain and function, are documented. Medication usage should be noted. In this case, the patient appears to have done a TENS trial in the past, but outcomes and frequency of use are not provided. There is no documentation of clinically significant functional improvement or pain medication reduction from use of TENS. Medical necessity is not established.