

Case Number:	CM14-0040278		
Date Assigned:	06/27/2014	Date of Injury:	07/23/2006
Decision Date:	08/11/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/07/2014

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:

This 49 year-old patient sustained a low back injury on 7/23/06 while employed by [REDACTED]. Request under consideration include TENS four lead. The patient is s/p left L4-5 hemilaminectomy, foraminotomy, and facetectomy on 10/20/08. Report of 12/3/08 from the provider noted the patient indicated physical therapy aggravated the back symptoms. AME report of 6/26/09 also indicated PT aggravated the patient's pain symptoms and was therapy treatment was terminated without mention of TENS unit and its effects. Exam of the lumbar spine showed absent spasm, limited range in all planes, with intact motor strength of 5/5 and DTRs. Diagnoses included Lumbar stenosis/ Low back pain/ and Lumbar radiculopathy. There is a report from the provider on 1/6/09 noting conservative management has not been helpful and remains symptomatic since left lumbar decompression of 10/20/08. Exam showed diffuse tenderness; positive straight leg raise on left (no degrees or position specified); and Normal neurological exa. The patient remained TTD with medication refills. Report of 11/20/13 from the provider noted ongoing chronic bilateral radicular low back complaints. Exam showed tenderness of lower lumbar area; healed incision; positive SLR at 45 degrees; diffuse hypesthesia in both lower extremities. Treatment was for medication refills and repeat MRI. Current report of 2/17/14 from the provider noted the patient is inquiring on the use of TENS and recalls it being efficacious in physical therapy previously completed. Request is for the purchase of the TENS unit with 4 or more leads. The request for TENS four lead was non-certified on 3/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS four lead: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 126.

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

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic low back condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what specific TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. The patient has no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any trial TENS treatment already rendered with 30-day rental trial of standard 2-lead unit to support for current request for purchase. The TENS four lead is not medically necessary and appropriate.