

Case Number:	CM14-0041117		
Date Assigned:	06/30/2014	Date of Injury:	09/28/2011
Decision Date:	09/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/08/2014

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 patient is a 61-year-old female who was injured on 09/28/11 while packing and moving boxes. She complains of persistent low back pain with radiation to the lower extremities. She has also been treated with physical therapy in the past, as well as acupuncture with some relief. Medications include Norco, Voltaren, and Tizanidine and she states medications decrease pain from 7/10 to 4/10. MRI dated 7/10/12 shows multi-level degenerative disk disease, left-sided foraminal stenosis at L5-S1, and right-sided annular tear at L4-L5 with subtle protruding disk in the foramen as well at L4-L5. Exam reveals continued tenderness to palpation of the lumbar paraspinal muscles. Diagnoses include: Persistent low back pain with the above MRI findings. TENS unit was recommended. The previous request for TENS unit is denied due to 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 - two month trial (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS: Transcutaneous electrical nerve stimulation (TENS)/ Transcutaneous electrotherapy CA MTUS Chron Pain pages 114-115, Transcutaneous electrical nerve stimulation (TENS)/Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, page 114 Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, TENS.

Decision rationale: Per the ODG, TENS is not recommended as an isolated intervention, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. It is not generally recommended in chronic back pain as there is strong evidence that TENS is not more effective than placebo or sham. In this case, there is no documentation of any adjunct therapy. Furthermore, the request is for 2 months trial which exceeds the Guidelines. Therefore, based on the MTUS Chronic Pain Guidelines as well as the clinical documentation, the request for TENS is considered not medically necessary.