

Case Number:	CM14-0046855		
Date Assigned:	07/02/2014	Date of Injury:	03/25/2013
Decision Date:	08/26/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/14/2014

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 29-year-old male who has submitted a claim for lumbar radiculopathy and lumbar sprain/strain associated with an industrial injury date of 03/25/2013. Medical records from 09/26/2013 to 07/16/2014 were reviewed and showed that patient complained of low back pain graded 3-6/10 with radiation to the left lower extremity, numbness, and tingling. Physical examination revealed tenderness over the lumbar spine. There was decreased range of motion (ROM) with lumbar flexion, extension, and lateral flexion. MRI of the lumbar spine (date not made available) revealed L3-4 and L4-5 disc protrusion. Treatment to date has included physical therapy, transcutaneous electrical nerve stimulation (TENS), acupuncture, chiropractic care, and oral and topical pain medications. Utilization review dated 03/27/2014 denied the request for Durable medical equipment (DME) rental of TENS unit for one month because the medical information submitted was not sufficient to establish medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of transcutaneous electrical nerve stimulation (TENS) unit for one month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-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. In this case, the patient has received prior TENS therapy with no functional improvement (04/10/2014). There was no documentation of active participation in a functional restoration program by the patient. The guidelines do not recommend TENS as a solitary mode of treatment. The medical necessity for TENS trial has not been established. Therefore, the request for DME rental of TENS unit for one month is not medically necessary.