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| Case Number: | CM14-0047732 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 04/06/2007 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/14/2014 |
| Priority: | Standard | Application Received: | 04/16/2014 |

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:

This is a 29-year-old male with a 4/6/07 date of injury to his back after being struck by a moving stack of wood. He underwent an L5/S1 fusion on an unknown date. The patient was seen on 5/16/13 with low back pain complaints and radiation to the left leg with muscle spasm. Exam findings revealed spasm with limited painful range of motion of the L spine and decreased sensation at the L5 dermatome on the left. A positive straight leg raise was noted. The treatment plan included a TENS unit. Treatment to date: medications. The UR decision dated 3/14/14 denied the request as there was no evidence the patient had a program of evidence based functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of a Neurostimulator (TENS-EMS) Lumbar Spine: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS

trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. There is a lack of documentation regarding this patient's conservative treatment to date. It is not clear that the patient has pursued other conservative treatments (i.e. PT, acupuncture, chiropractic therapy). In addition, the unit is not recommended for use as a single modality for pain control, and it is unclear what else the patient will be doing in conjunction with the unit. Therefore, the request for a TENS unit 1 month trial is not medically necessary.