

Case Number:	CM14-0052804		
Date Assigned:	07/07/2014	Date of Injury:	12/17/2002
Decision Date:	08/27/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 Texas and Ohio. 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 injured worker is a 67-year-old male who reported an injury on 12/17/2002, reportedly occurred when the injured worker slipped while climbing onto a truck. The injured worker's treatment history included a magnetic resonance imaging (MRI), surgery, epidural injections, and medications. The injured worker was evaluated on 03/17/2014, and it was documented that the injured worker complained of chronic back pain. Physical examination revealed he had an antalgic gait and moderate lumbar tenderness. The neurovascular examination was intact except he had 4/5 strength in the left lower anterior tibialis. There was a positive straight leg raise test on the left. Diagnoses included, lumbar herniated nucleus pulposus with radiculopathy, lumbar degenerative disease with facet arthropathy and spinal stenosis, and left knee injury. The provider noted the treatment plan was for the injured worker to be evaluated by pain management, prescribed a back support brace and a TENS unit. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit for the lumbar spine, unlisted length of use, purchase vs. rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Criteria for the use of TENS. Page 114-116 Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines does not recommend a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality, but a one-month home-based (TENS) trial may be considered as a non invasive conservative option, if used as an adjunct to a program of evidence based functional restoration and other ongoing pain treatment including medication usage. It also states that the tens unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. There was lack of documentation of the injured worker attending physical therapy and outcome measurements. The provider failed to indicate long- term functional restoration goals for the injured worker. In addition, the guidelines recommends a one month trial home-based, the request submitted is not in compliance with guidelines. Given the above, the request (TENS) unit for the lumbar spine, unlisted length of use, with purchase versus rental is not medically necessary and appropriate.