

Case Number:	CM14-0054153		
Date Assigned:	07/07/2014	Date of Injury:	03/25/2013
Decision Date:	12/24/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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, lumbar disc protrusion, and lumbar spinal stenosis associated with an industrial injury date of 3/25/2013. Medical records from 2013 to 2014 were reviewed. The patient complained of frequent low back pain radiating to the left lower extremity associated with numbness and tingling sensation. Pain was rated 5/10 in severity, and was relieved to 2-3/10 with medications. Use of topical medications allowed him to walk and sit longer, to continue working, and to prolong sleep duration. Physical examination of the lumbar spine showed tenderness, spasm, and limited motion. Urine drug screen from 1/7/2014 showed negative level for any medications. Treatment to date has included acupuncture, chiropractic care, physical therapy, and medications. The utilization review from 4/10/2014 denied the request for TENS unit and supplies for 30 day trial. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies for 30 day trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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, if used as an adjunct to a program of evidence-based functional restoration. In this case, the patient complained of frequent low back pain radiating to the left lower extremity associated with numbness and tingling sensation. Pain was rated 5/10 in severity, and was relieved to 2-3/10 with medications. Physical examination of the lumbar spine showed tenderness, spasm, and limited motion. Symptoms persisted despite acupuncture, chiropractic care, physical therapy, and medications. A trial of TENS unit is a reasonable treatment option at this time. The documented goals include reduction of pain medications and enhancement of joint range of motion. A home exercise program is likewise to be employed while on TENS therapy. Guideline criteria are met. Therefore, the request for TENS unit and supplies for 30 day trial is medically necessary.