

Case Number:	CM14-0062856		
Date Assigned:	09/18/2014	Date of Injury:	12/07/1998
Decision Date:	11/03/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/05/2014

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:

According to the provided documents, this patient is a 55-year-old man who was injured 12/7/98 lifting an oxygen tank and hurting his low back. The disputed treatment is supplies for an TENS unit (transcutaneous electrical nerve stimulation). The requesting report of 3/4/13 indicates patient was having continued flare-ups of low back pain with worsening symptoms in the lower extremities. He was seen by a different Dr. and is awaiting authorization for lumbar facet block. Exam shows tenderness in the back, reduced range of motion with pain. Patient has decreased sensation bilateral L4-5 and L5-S1 with weakness of the right extensor hallucis longus, posterior tibialis, gastrosoleus and tibialis anterior. There was mild depression of the right ankle reflex. Diagnoses were lumbar disc protrusions at multiple levels, lumbar radiculopathy and multilevel degenerative joint/degenerative disc disease. This report notes that the patient's having worsening problems with lumbar radiculopathy and increasing neurologic deficit. It states that authorization for a replacement transcutaneous electrotherapy nerve stimulation (TENS) unit supplies is going to be requested. There is no mention of any specific response to the TENS unit use at home or any improvements in function, even transiently from use of the TENS unit. There is no mention how often the patient uses it. There is no mention how long he has used the unit either. In 2/11/14 pain management report (different physician) mentions that the patient has a TENS unit which helps somewhat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrotherapy nerve stimulation (TENS) unit supplies (a months supply of pad and lead wires): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: MTUS guidelines indicate that this modality can be considered as a noninvasive conservative option when used as an adjunct to a program of evidence-based functional restoration. There is no documentation this patient participates in any kind of independent rehabilitation program. Furthermore his condition is worsening and there is no documentation that there has been any objective functional benefit from use of the TENS such as reduction of medication or a reduction in the need for medical treatment. Therefore, based upon the evidence the guidelines, this is not considered to be medically necessary.