

Case Number:	CM14-0065897		
Date Assigned:	07/11/2014	Date of Injury:	05/09/2011
Decision Date:	09/12/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Interventional Spine 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 45 year old male with an injury date of 05/09/11. Based on 12/23/13 progress report provided by [REDACTED] the patient complains of persistent low back pain with radiation down the left leg. Diagnosis is Lumbar Strain. Gait is normal. There is mild pain toward terminal range of motion. Straight leg raise and FABER tests are negative bilaterally. Diagnostic Impression: 1. Resolving radiculopathy 2. Disk herniation, lumbar spine. Per treating physician report dated 02/03/14, patient is feeling much better and does not have the same pain he used to have before. He is on home exercises, remains on his regular activities, is taking anti-inflammatory medications and is on chiropractic care, which seems to be helping. Progress report dated 12/23/13 states "the injection has really helped to decrease the pain and discomfort that the patient is experiencing." Other mention of 'injection' has not been found in review of reports received. [REDACTED] is requesting for a TENS Unit w/16 pair/units of Electrodes. The utilization review determination being challenged is dated 04/24/14. The rationale is that the request for TENS does not appear to have been warranted at the time of service. [REDACTED] is the requesting provider, and he provided treatment reports from 10/07/13 - 06/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS units with 16 pairs/units of Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114, 114-116.

Decision rationale: The patient presents with lumbar radiculopathy and disk herniation to the lumbar spine. Based on report dated 02/03/14, patient has been improving and feeling better with treatments rendered. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." And "a treatment plan including the short- and long term goals of treatment with the TENS unit should be submitted." Documentation regarding use and outcomes of TENS during a one-month trial period, as required by MTUS guidelines has not been submitted. Nor has a treatment plan with short- and long-term goals been mentioned in the request. Request is not medically necessary.