

Case Number:	CM14-0075743		
Date Assigned:	07/16/2014	Date of Injury:	01/04/2011
Decision Date:	08/18/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 47-year-old female with date of injury of 01/04/2011. The listed diagnoses dated 03/27/2014 are: Lumbar spine sprain/strain with herniated nucleus pulposus, L4-L5, L5-S1, with grade 1 anterolisthesis, L5-S1 and Bilateral lower extremity radiculopathy, L4-L5 and L5-S1. According to this report, the patient is waiting for authorization for posterior lumbar interbody fusion at L4-L5 and L5-S1. She is still complaining of severe back pain, radiating down to the bilateral legs. She has difficulty with activities of daily living including sleep. Overall, her quality of life continues to be impaired. The objective findings show there is a positive straight leg raise at 75 degrees bilaterally, eliciting pain at L5-S1 dermatome distribution. Equivocal bilaterally. There is paraspinal tenderness with paraspinal spasms noted. There is hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L5 and S1 dermatome level bilaterally. There is weakness in the big toe dorsiflexor and big toe plantar flexor bilaterally. The utilization review denied the request on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit lumbar spine Quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) MTUS p114-116 Page(s): 114-116.

Decision rationale: This patient presents with back pain radiating to the bilateral legs. The treater is requesting a TENS unit for the lumbar spine. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-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. The 98 pages of records do not document how the patient was utilizing the TENS unit, how often it was used, and what outcome measures were reported in terms of pain relief and function. The report making the request is also missing. In this case, the MTUS Guidelines recommends a 1-month trial of the TENS unit to determine its efficacy in terms of pain relief and function before a purchase for home use is to be allowed. Recommendation is for denial.