

Case Number:	CM14-0079078		
Date Assigned:	07/18/2014	Date of Injury:	08/17/2012
Decision Date:	11/21/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 injured worker is a 24-year-old female who reported an injury on 08/17/2012. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of status post right L4-5 decompression. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include Bentlyl, naproxen, Zofran, Soma, and Percocet. Diagnostics include an MRI that was obtained on 05/02/2014 of the lumbar spine which noted that there was moderate facet arthropathy at L4-5 with mild right foraminal narrowing but not compressing the exiting L5 nerve rootlets. There was moderate facet arthropathy at L5-S1 with mild bilateral foraminal narrowing not compressing the exiting L5 nerve rootlets. There was no central canal compromise. On 05/12/2014, the injured worker complained of lumbar back pain and numbing in the right leg. The physical examination noted that the surgical incision was well healed. The injured worker was then using a FWW. The neurological examination was notable for decreased sensation of the lower left extremity to the foot. She had a positive straight leg raise on the right with even minimal degrees of motion. There was dysesthesias to palpation of the right PSIS. The plan is for the injured worker to have access to a TENS unit. The provider feels that the injured worker has reached her plateau in recovery and a home TENS unit would assist with pain control. The Request for Authorization form was not submitted for 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 unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 116.

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

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 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. The results of studies are inconclusive; the published trial did not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. The submitted documentation lacked evidence indicating significant deficits upon physical examination. The efficacy of the injured worker's previous course of conservative care were provided, showing that she had reached a plateau in her recovery. The submitted documentation did not indicate that the injured worker had undergone an initial trial of a TENS unit. The guidelines recommend a 1 month home based TENS trial before the purchase of a unit. Furthermore, it is unclear how the provider feels the use of a TENS unit would be beneficial to the injured worker. Additionally, the request as submitted did not indicate where the TENS unit would be used. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.