

Case Number:	CM14-0083569		
Date Assigned:	07/21/2014	Date of Injury:	09/27/2011
Decision Date:	10/01/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/05/2014

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 Physical Medicine & 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 41-year-old male who reported an injury on 09/27/2011. The mechanism of injury was a fall on 09/27/2011. The clinical note dated 05/27/2014 indicated diagnoses of lumbago, lumbar sprain, sacroiliitis, and displacement of lumbar intervertebral disc without myelopathy. The injured worker reported pain in the low back, predominantly left, with radiation to the left buttock and left posterior thigh. He rated the pain in the low back 60% and in the posterior thigh at 40%, associated with numbness and tingling in the buttocks and weakness. The injured worker reported the pain was frequent and rated it 7/10 to 8/10 that lasted 7 days. The injured worker reported his pain was aggravated with bending forward and backward, kneeling with the left knee, doing exercises, bowel movements, lying down, pushing a shopping cart, and leaning forward. The injured worker reported his pain was relieved with rest, medication, and relaxation. The injured worker reported he avoided going to work, socializing with friends, physical exercise, and performing household chores, etc. because of his pain. The injured worker reported intermittent heartburn, acidity in the mouth, and nausea are relieved by taking Omeprazole. On physical examination of the lumbar spine, range of motion revealed forward flexion of 30 degrees, extension of 10 degrees, and rotation and side bending were limited. There was tenderness to palpation over the left lumbar paraspinal muscles consistent with spasms and left gluteal spasms. The injured worker had a positive lumbar facet loading maneuver bilaterally. The injured worker had sacroiliac joint tenderness on the left with positive Patrick's test on the left. The injured worker's deep tendon reflexes were 1+ in the bilateral upper extremities and 1+ in the bilateral lower extremities. The injured worker reported he would like to defer any intentional approach and would focus and continue medications combined with physical therapy, stretching exercises, and TENS unit. The injured worker's treatment plan included refill medications and follow-up in the clinic in 4 weeks. The injured worker's prior treatments

included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included tramadol, Flexeril, naproxen, and Prilosec. The provider submitted a request for the extended rental of transcutaneous electrical nerve stimulator. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended rental of Transcutaneous electrical nerve stimulator (TENS) unit x 6 months:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. There was a lack of documentation of the injured worker participating in a 1 month home-based TENS unit trial with documentation of the efficacy of the unit and information pertaining to the usage of the unit. In addition, the request did not indicate a body part for the TENS unit. Moreover, the provider did not indicate a rationale for the request. Therefore, extended rental of Transcutaneous Electrical Nerve Stimulator (TENS) is not medically necessary.