

Case Number:	CM13-0036830		
Date Assigned:	12/13/2013	Date of Injury:	05/19/1992
Decision Date:	01/02/2015	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 Arizona and 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 62-year-old female who reported an injury on 08/27/2004. The mechanism of injury was not provided. The patient's diagnosis included lumbar radiculopathy and L2-3 and L5-S1 spondylosis. The past medical treatment included medications, surgery, physical therapy. Diagnostic testing included an MRI of lumbar spine on 03/06/2014. There was no pertinent surgical history provided. The patient complained of constant left knee pain, 9/10 on the pain scale, and daily and constant low back pain, rated 9/10 on the pain scale on 04/21/2014. The physical examination of lumbar spine revealed there was no evidence of tenderness over the sacroiliac joints, there was no palpable tenderness of the paravertebral muscles. The patient walks with an antalgic gait pattern, utilizes a 4 pronged cane for ambulation. Current medications included Robaxin 500 mg, Robaxin 750 mg, tramadol HCL 50 mg, Celebrex 200 mg, Norco 5/325 mg. The treatment plan is for the purchase of a TENS unit for the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of a TENS unit for the back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for the purchase of a TENS unit for the back is not medically necessary. The physical examination of lumbar spine revealed there was no evidence of tenderness over the sacroiliac joints, there was no palpable tenderness of the paravertebral muscles. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. A one-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 for patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a one month trial the guidelines recommend there must be documentation of pain of at least three months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. There is a lack of documentation indicating the injured worker has participated in physical therapy or failed conservative care. The requesting physician's rationale for the request is not indicated within the provided documentation. There is no indication that the unit is being requested as part of a rehabilitation program following a stroke. Nonetheless, it should be noted that there is limited evidence to support combination of electrotherapy units. There is no documentation the injured worker has had adequate response to a one-month clinical trial. Therefore the request for TENS unit is not medically necessary.