

Case Number:	CM14-0186064		
Date Assigned:	11/13/2014	Date of Injury:	09/24/2013
Decision Date:	02/05/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/07/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 49 year old male with an injury date of 09/24/13. Per physician's progress report dated 10/23/14, the patient complains of chronic low back pain following lumbosacral strain injury that is increasing steadily. Physical examination reveals mild tenderness to palpation midline at L5-S1 as well as the right greater than left lumbar paraspinal musculature. Progress report date 10/02/13 stated that the patient had a pain level of 3/10 which flared up 7-8/10 with certain activities. Physical examination of the lumbar back revealed decreased range of motion with flexion at 75% of normal and extension at 50% of normal along with pain. The patient has been placed under some work restrictions to avoid aggravation of pain, as per progress report dated 10/23/14. He is off-work right now for non-work related medical condition. He has been advised to continue home exercise program along with icing, moist heat and gentle stretching. The treater has prescribed Tramadol to manage moderate to severe pain. Diagnosis, 10/23/14 - Chronic low back pain; the treater, according to the Request for Authorization form, is requesting for 1 month TENS Unit Rental. The utilization review determination being challenged is dated 11/01/14. The rationale was "The efficacy of transcutaneous electrical neurostimulation (TENS) for non-specific low back pain is not established." Treatment reports were provided from 10/02/13 - 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month rental of TENS unit and supplies for the lumbar spine: Overturned

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 unit Page(s): 116.

Decision rationale: The patient presents with low back pain following lumbosacral strain injury. Physical examination reveals mild tenderness to palpation midline at L5-S1 as well as the right greater than left lumbar paraspinal musculature, as per progress report dated 10/23/14. The request, as per the Request for Authorization form, is for 1 month TENS Unit Rental, two lead. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. In this case, the patient is suffering from low back pain that is increasing chronically. He is currently on medications to manage his pain. The patient is also participating in a home exercise program and complying to work restrictions to prevent the aggravation of pain. The request for one month rental of the TENS unit is reasonable at this point of time. Therefore this request is medically necessary.