

Case Number:	CM14-0188412		
Date Assigned:	11/19/2014	Date of Injury:	04/23/2010
Decision Date:	01/23/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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, 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 58-year-old male with a date of injury of 04/23/2010. According to progress report dated 10/17/2014, the patient presents with chronic low back pain and left leg pain. Objective findings revealed decreased lumbosacral range of motion, and motor strength is noted as 5/5 in the lower extremities. There is positive straight leg raise bilaterally. The patient was noted to have a well-healed surgical scar in the abdominal area. The listed diagnoses are: 1. Lumbosacral disk injury at the level of L3-L4 and L4-L5. 2. Status post interbody fusion at the level of L3-L4 and L4-L5 on 01/07/2011. 3. Myofascial pain. 4. Hip strain/sprain injury. Treatment plan is for medications including Norco and Flexeril. The request is for a TENS unit for the lumbar spine. The utilization review denied the request on 10/29/2014. Treatment reports from 04/29/2014 through 10/17/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit (Lumbar Spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS), and TENS Post-Operative Pain.

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

Decision rationale: This patient presents with chronic low back pain and bilateral leg pain. The current request is for TENS unit (lumbar spine). Review of the medical file indicates that the patient's treatment history includes medications and participation in a functional restoration program in 2012. There is no indication that the patient has trialed a TENS unit. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30 day home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the treating physician is requesting a TENS unit, but has not documented a successful home one-month trial. The requested TENS unit IS NOT medically necessary.