

Case Number:	CM14-0188660		
Date Assigned:	11/19/2014	Date of Injury:	03/16/2014
Decision Date:	01/28/2015	UR Denial Date:	10/15/2014
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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 38 year old male who sustained an industrial injury on 03/16/14 while he was pushing a cart in the dining hall. He developed low back pain radiating down the anterior aspect of the right thigh. His MRI revealed posterior disc protrusion with an annular tear and degeneration at L5-S1. The progress note from 10/07/14 was reviewed. Subjective complaints included low back pain with numbness in the right anterior thigh, that was achy and numbing, 2-7/10, with numbness and tingling. He had nearly full range of motion of the spine and decreased sensation in the right anterior thigh. The diagnoses included lumbar sprain/strain, chronic pain syndrome and spondylosis without myelopathy. The request was for TENS unit trial for 30 days. His prior treatment included medications, activity modification and physical therapy. He had used TENS in PT previously and it was helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS trial rental: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

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

Decision rationale: The employee is a 38 year old male who sustained an industrial injury on 03/16/14 while he was pushing a cart in the dining hall. He developed low back pain radiating down the anterior aspect of the right thigh. His MRI revealed posterior disc protrusion with an annular tear and degeneration at L5-S1. The progress note from 10/07/14 was reviewed and subjective complaints included low back pain with numbness in the right anterior thigh that was achy and numbing along with a 2-7/10 pain, accompanied by numbness and tingling. He had nearly full range of motion of the spine and decreased sensation in the right anterior thigh. The diagnoses included lumbar sprain/strain, chronic pain syndrome and spondylosis without myelopathy. The request was for TENS unit trial for 30 days. His prior treatment included medications, activity modification and physical therapy. He had used TENS in physical therapy (PT) previously and it was helpful. The Chronic Pain Guidelines indicate that TENS units can be used in the treatment of chronic intractable pain in individuals who have failed to improve with other appropriate pain modalities including analgesic medications. There has to be documentation of pain for at least three months duration. The guidelines recommend a one month trial of TENS unit before a purchase is requested. Given the ongoing pain despite medications, physical therapy and activity modification, the request for TENS unit trial for a month is medically necessary and appropriate.