

Case Number:	CM14-0193592		
Date Assigned:	12/01/2014	Date of Injury:	08/06/2010
Decision Date:	01/21/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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 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 (IW) is a 56-year-old man with a date of injury of August 6, 2010. The mechanism of injury was not documented in the medical record. The current diagnoses include degeneration lumbar intervertebral disc; postlaminectomy syndrome, lumbar; low back pain; spondyloarthritis lumbosacral; spondylolisthesis Grade I. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated October 1, 2014, the IW complains of sever back pain. There are ongoing leg symptoms in the calves going up the legs. He has occasional slight to moderate numbness and tingling to the left foot. Upon examination, there is noted tenderness to palpation over the left paraspinals of the left lumbar spine. Lateral bending is 10-20 degrees with pain. Extension is 10-20 degrees with mild pain. There is decreased sensation in the left anterior thigh. The provider documents that the back pain is trending in the wrong direction. The IW is status post epidural steroid injection (ESI) at left L5-S1 on October 1, 2014. There has not been much relief. Documentation indicates that the IW has had physical therapy to his lumbar spine, chiropractic decompression and ESI X 2 with little relief. The treating physician documents that the IW is an excellent candidate for a disc replacement at L5-S1. An authorization is being requested. In the meantime, request for authorization is submitted for a TENS unit to help relieve the pain, increase function and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit purchase with supplies is not medically necessary. TENS, chronic pain is not recommended as a primary treatment modality, but one month home-based tense trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including a reduction in medication use. The criteria for the use of TENS are enumerated in the guidelines. See guidelines for details. In this case, the injured workers working diagnoses are lumbar radiculitis; lumbar degenerative disc disease; lumbar post laminectomy syndrome; and L5 - S1 surgery on January 29, 2013. The injured worker continues to complain of back pain ongoing like symptoms. The injured worker's treatment plan to date includes physical therapy times 12, chiropractic treatment, and to epidural steroid injections. The injured worker is to be scheduled for upcoming back surgery: artificial disc replacement at L5 - S1. The guidelines indicate TENS for chronic pain is not recommended as a primary treatment modality but a one-month home based trial may be considered as a noninvasive conservative option. After a successful one month trial, continued tense treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. Consequently, TENS unit purchase with supplies is not medically necessary.