

Case Number:	CM14-0200668		
Date Assigned:	12/12/2014	Date of Injury:	11/27/2012
Decision Date:	01/30/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehabilitation, 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 61-year-old male with a date of injury of 11/27/2012. According to progress report dated 10/16/2014, the patient presents with intermittent moderate low back pain with radiation to the bilateral legs. There is associated weakness and tingling sensation noted. Examination of the lumbar spine revealed tenderness to palpation at the levels of L5-S1. There are muscle spasms noted. Range of motion is restricted due to pain. Lasegue test and straight leg raise test are both positive on the left. There is decreased sensory in the left L5-S1 dermatome. The listed diagnoses are: 1. Lumbar spine sprain/strain with radicular complaints. 2. Lumbar discopathy. It was noted that the patient has been authorized to undergo an L4-L5 and L5-S1 microdiscectomy and hemilaminectomy decompression. The treating physician would like to request postoperative physical therapy, chiropractic therapy, Sybetec L50 brace, and a TENS unit. The utilization review denied the request for postoperative TENS unit on 11/08/2014. Treatment reports from 01/17/2014 through 10/16/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative TENS Unit for the lumbar spine: Upheld

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

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. The treating physician states that the patient is awaiting scheduling for an L4-L5 to L5-S1 microdiscectomy and laminectomy. The current request is for postoperative TENS unit for the lumbar spine. 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 consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-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 document a successful home one-month trial. The requested TENS unit IS NOT medically necessary.