

Case Number:	CM14-0200873		
Date Assigned:	12/11/2014	Date of Injury:	02/27/2008
Decision Date:	01/31/2015	UR Denial Date:	11/11/2014
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 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 35 year old male with an injury date of 02/27/08. The 10/09/14 progress report states that the patient presents with chronic lower back pain. The patient is employed and working full time. Examination shows tenderness and trigger point on palpation of the paravertebral muscles of the lumbar spine. A twitch response was obtained along with radiating pain on palpation on the right side. The patient's diagnoses include: 1. Myofascial pain syndrome 2. Chronic pain 3. Low back pain. The patient is prescribed Advil and received trigger point injections 10/09/14 into the superficial musculature. The procedure was tolerated well. The utilization review is dated 11/11/14. Reports were provided for review from 05/02/14 to 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) Unit: 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, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The injured worker presents with chronic lower back pain along with trigger points. The current request is for Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) Unit per 09/30/14 report. MTUS, TENS, page 114-116) states, "Not recommended as a primary treatment modality," but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. MTUS further states use is for "neuropathic pain." The 09/30/14 report states, "he uses his TENS unit 4-5 x a week. He can only sit for 1 hour, after that he cannot tolerate sitting. He has had physical therapy (16-24 sessions) in the past. He (sic) was somewhat helpful." This report further state, "little improvement following acupuncture. Minimal and temporary help with physical therapy. He has noted significant benefit with TENS trial." The 08/09/14 AME report states, "A TENS Unit would be of benefit." The 11/24/14 report states, "{the injured worker} experiences low back pain limited to the lumbar region; this does not radiate. He has had the use of TENS Unit for about one year. He uses his TENS unit regularly. He applies the TENS Unit patches to his lumbar spine and it decreases his back pain so he can carry out his regular ADL's with comfort. He has a very physical job and admits that he will have difficulty doing so without this device." In this case, the injured worker has trialed a TENS unit for over 30 days with documented pain and functional improvement. The treating physician has documented that the injured worker has axial skeletal pain and myofascial trigger points but does not diagnose the injured worker with any neuropathic pain and there are no examination findings to indicate that any neuropathy is present in this injured worker. As a TENS Unit is indicated for neuropathic pain, the current request is not medically necessary.