

Case Number:	CM14-0204287		
Date Assigned:	12/16/2014	Date of Injury:	03/30/2013
Decision Date:	02/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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 50 year old female with an injury date on 3/30/13. The patient complains of increasing lower back pain with occasional radiation into the left leg per 7/2/14 report. The patient has been using TENS unit and taking Relafen with some relief per 7/2/14 report. The patient also has occasional numbness/tingling in her right hand, more pronounced when she gets up in the morning, and feeling weak with grasping motions per 5/14/14 report. The patient is able to perform activities of daily living without a problem per 5/14/14 report. Based on the 7/2/14 progress report provided by the treating physician, the diagnoses are: 1. Lumbar disc disorder 2. Spinal stenosis of lumbar spine w/o neurogenic claudication 3. Strain, cervical 4. Strain, upper arm. 5. Carpal tunnel syndrome, right A physical exam on 7/2/14 showed "straight leg raise positive on the right, L-spine range of motion is limited with extension at 10 degrees." The patient's treatment history includes medications, back brace, TENS (back pain), right wrist splint, permanent work restrictions (currently not working per 7/2/14 report). The treating physician is requesting physical therapy qty: 12, and TENS unit Qty: 1. The utilization review determination being challenged is dated 11/6/14. The requesting physician provided treatment reports from 3/5/14 to 7/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trans-cutaneous Electrotherapy, Trans-cutaneous Electrical Nerve S. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: This patient presents with lower back pain, left leg pain. The treater has asked for TENS unit Qty: but the requesting progress report is not included in the provided documentation. The patient first began use of TENS unit on 4/1/14. The 5/14/14 report states patient uses TENS unit often for back pain. The 7/2/14 report states: "the electrodes for the TENS unit are not sticking and she needs to have some new electrodes." Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, it appears that patient has been using TENS unit for at least a month. The trial however does not include a documentation of improvement in function, specifics of the decrease in pain, or how the unit is being used. The patient does not seem to benefit from TENS unit either. Given the lack of efficacy, the request IS NOT medically necessary.