

Case Number:	CM14-0048714		
Date Assigned:	06/25/2014	Date of Injury:	08/09/2013
Decision Date:	01/21/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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, 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:

This 42 year old male continues to complain of lumbar pain that radiates into the right leg and knee following a work related injury to the low back that was reported on 8/9/13. Diagnoses include lumbosacral spine sprain and strain syndrome; displacement of lumbar intervertebral disc without myelopathy; and probable facet syndrome. Treatments have included consultations; diagnostic MRI; lumbar support; home hot/cold and massage units; chiropractic treatments, acupuncture treatments, and physical therapy (PT); and medication management. The injured worker (IW) is noted to be on temporary total disability. On 3/17/14, Utilization Review modified, for medical necessity, a 3/5/14 request for 1 month trial of a TENS Unit, lumbar spine, 1 month home trial, to a 1 month home trial; showing that 3 units/days were requested. The guidelines cited were MTUS for chronic pain treatment, criteria for transcutaneous electrotherapy (TENS) which recommend this therapy for chronic, intractable pain of at least three months duration or more, and when other treatment modalities have been tried and failed. These guidelines recommend the TENS unit should be used as adjunct therapy to ongoing treatment modalities, within a functional restoration program. A 1 month trial is recommended so long as specific documentation as to how long the unit was used and the outcome in terms of pain relief and function are clearly documented. Progress notes, dated 3/5/14, noted no significant change in complaints of thoracic pain, rated 6/10 with medication, and sharp lumbar spine pain with radiation. History is noted to include herniated lumbar discs. Objective findings noted tenderness over the lumbosacral area with no other significant findings on physical exam. A urine toxicology test was performed this visit with no results noted, and no diagnostic testing was needed at that time. Medications were noted to include: Norco, Flexeril, Medrox patches and topical creams. Ultracet was discontinued for ineffectiveness. The treatment plan included a consultation with the IW pain management physician which was pending authorization and/or

scheduling, and for the IW to increase his fluid intake for regular bowel movements. Additional Treatment Notes included results from the 1/22/14 toxicology report that showed positive for Hydrocodone, Hydromorphone and THC-COOH (Marijuana) and that a discussion regarding these findings and how they affect the treatment plan, took place. No request for a TENS unit was noted. A prescription from chiropractic provider dated 2/3/14 noted a TENS Unit 30 day trial but no corresponding Progress Notes were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit 1 month trial for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: The patient was provided with month trial of TENS; however, no report is provided regarding functional outcome or benefit. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic low back condition for this 2013 injury and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The TENS Unit 1 month trial Lumbar Spine is not medically necessary and appropriate.