MAXIMUS Federal Services

Case Number:	CM14-0097116		
Date Assigned:	07/28/2014	Date of Injury:	10/10/2013
Decision Date:	02/03/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/25/2014

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 22 year old male with the injury date of 10/10/13. Per 05/30/14 progress report, the patient has low back pain at 8/10 most of time. The patient remains off work until 06/27/14. The lists of diagnoses are:1) Lumbago2) Rotator cuff sprain/ strain3) Lumbar sprain/ strain4) Acute reaction to stressPer 05/02/14 progress report, the patient has constant low back pain at 5/10. The patient cannot bend his lower back without pain. The patient also report having intermittent shoulder pain at 2/10. The patient completed 6 sessions of acupuncture, 8 sessions of physical therapy and 4 or 5 sessions of chiropractic treatment. "MRI from 07/27/14 [reveals] almost normal." The patient states that "Tens trial [was] most helpful." The treater requested Tens unit to control his low back pain. The utilization review determination being challenged is dated on 06/04/14. Three treatment reports were provided from 01/08/14 to 09/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: The patient presents with pain and spasms in his lower back. The request is for TENS unit for the lumbar spine. Review of the reports indicate that the patient has trialed a Tens unit. 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, there are no discussions regarding any outcomes for pain relief and functional improvement except the statement that "Tens trial [was] most helpful." More importantly, the patient does not present with any diagnosis indicated for the use of TENS unit. The patient has low back pain, but no diagnosis of neuropathy, CRPS or other conditions. Therefore the requested TENS unit is not medically necessary.