

Case Number:	CM15-0006330		
Date Assigned:	01/26/2015	Date of Injury:	03/11/2011
Decision Date:	03/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 67-year-old male with a reported date of injury on 03/11/2011; the mechanism of injury is not provided. The injured worker's diagnoses are noted to include disc disorder of the lumbar spine, radiculopathy, and low back pain. Prior treatments have been noted to include physical therapy, NSAIDs, stretching, and a home exercise program. In addition, it was noted that current medication use includes Soma. The latest clinical note dated 11/05/2014 noted the injured worker had complaints of progressively increasing pain and was at that time requesting an epidural. On examination, the injured worker was noted to have tenderness to the paravertebral musculature bilaterally. Additionally, it was noted that the straight leg raise was positive bilaterally. Neurological examination revealed normal motor examination and slightly decreased sensation to bilateral L5 and S1 distribution. Under the treatment plan, it was the physician was recommending a 4 lead TENS unit trial for 1 month for pain reduction and to improve function, including range of motion and strength and an epidural steroid injection at the L5-S1 level. Additionally, it was noted that the request was for the purchase of the unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 lead TENS unit trial x 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: According to California MTUS, a 1 month trial of TENS unit may be recommended as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain, with evidence that other appropriate pain modalities have been tried (including medications) and have failed. Additionally, the guidelines continue to state that a treatment plan including the specific short and long term goals of treatment should be provided with the TENS unit; and a 2 lead unit is generally effective; and if a 4 lead unit is recommended, there must be documentation of why a 4 lead is necessary versus a typical 2 lead. There is a lack of evidence within the documentation that the TENS trial will be performed in conjunction with a functional restoration program. Additionally, there is a lack of rationale provided as to why the physician wants to purchase the TENS unit during a trial period versus a more traditional rental. Furthermore, there was no treatment plan provided that specifies short and long term goals with use of the TENS unit and there was no rationale provided as to why a 4 lead unit is being recommended versus a typical 2 lead. Moreover, a TENS unit is being requested in conjunction with a request for an epidural steroid injection of the L5-S1. The guidelines state that a TENS unit trial is recommended when other appropriate pain modalities have been tried and failed. It is not appropriate to request a TENS unit trial in conjunction with the request of an epidural steroid injection, as a TENS unit would not be supported until after the response of the epidural steroid injection is known. Therefore, the request for a 4 lead TENS unit trial x1 month is not medically necessary.