

Case Number:	CM15-0148394		
Date Assigned:	08/11/2015	Date of Injury:	09/11/2013
Decision Date:	09/11/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/30/2015

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 56 year old male who sustained an industrial injury on 9-11-13 while running injuring his hamstring (per 4-27-15 note). He currently complains of a dull, achy pain in the lumbar spine with radiation (per 7-10-15 note) and a pain level of 4-7 out of 10. On physical exam of the lumbar spine there was tenderness on palpation and six trigger points noted limited range of motion, positive straight leg raise bilaterally. Activities of daily living are limited in regards to playing with his children, gardening, playing sports, dishes, making the bed. Diagnoses include lumbar strain; trigger points in the lumbar spine; bilateral L4-5 lumbar radiculopathy; status post arthroscopy of the right knee x2, with lateral meniscus tear right knee new injury; status post arthroscopy meniscectomy left knee (2005); status post dislocated right shoulder now with impingement syndrome, 50% rotator cuff tear, acromioclavicular joint degenerative arthritis and an acromiale. Treatments to date include lumbar epidural steroid injection with 50% improvement for six months; heat; cold; rest; physical therapy with no benefit; chiropractic treatments with no benefit; home exercise program; medications. Diagnostics include MRI of the lumbar spine showing degenerative disc disease with neural foraminal stenosis and nerve root impingement. In the progress note, dated 7-10-15 the treating provider's plan of care includes a request for transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-121.

Decision rationale: The patient presents on 07/10/15 with lumbar spine pain rated 4-7/10 at baseline. The patient's date of injury is 09/11/13. Patient is status post lumbar ESI at a date unspecified. The request is for TENS (Transcutaneous Electrical Stimulation) Unit. The RFA is dated 07/10/15. Physical examination dated 07/10/15 reveals tenderness to palpation of the lumbar paraspinal muscles with trigger points noted, and positive straight leg raise bilaterally. Neurological examination reveals decreased sensation along the L4-L5 dermatomal distribution. The patient's current medication regimen is not provided. Diagnostic imaging included discussion of undated lumbar MRI, with the provider stating: "The patient's MRI has significant pathology, degenerative disc disease with neural foraminal stenosis and nerve root impingement." Per 07/10/15 progress note, patient's work status is unchanged compared to previous reports, though the preceding reports also provide the same statement. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." In this case, the provider is requesting a TENS unit for this patient's continuing lower back pain. However, there is no documentation of intent to perform a 30-day trial prior to purchase. Progress note dated 07/10/15 does not include discussion of prior TENS use or whether this patient has undergone a 30 day trial to date. Were the request for a 30 day trial of the unit, the recommendation would be for approval. As there is no evidence of a successful 30 day trial performed previously, the request as written cannot be substantiated. Therefore, the request is not medically necessary.