

Case Number:	CM15-0206855		
Date Assigned:	10/23/2015	Date of Injury:	06/13/2013
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 25-year-old male, with a reported date of injury of 06-13-2013. The diagnoses include status post right-sided L4-5 microdiscectomy, residual lumbar spine pain, and slight antalgic gait secondary to his lower back pain. The progress report dated 09-17-2015 indicates that the injured worker had persistent pain in the low back, rated 6 out of 10 (08-24-2015 and 09-17-2015). It was noted that the pain was constant and the same. The pain radiated down the right lower extremity all the way to the ankle with muscle spasm, twitching, and sharp stabbing pain. It was also noted that the injured worker was not currently working. The objective findings include no acute distress; a normal gait pattern; tenderness to palpation over the right lumbar paraspinals; lumbar flexion at 80 degrees with pain; lumbar extension with full active range of motion; bilateral rotation was with full active range of motion; intact neurovascular status distally; and positive sitting straight leg raise. The injured worker has been instructed to return to modified work on 09-17-2015. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Motrin, Norco, lumbar midline interlaminar epidural injection on 03-19-2015, and right-sided lumbar microdiscectomy on 02-20-2014. The request for authorization was dated 09-30-2015. The treating physician requested a TENS unit rental for three months for the lumbar spine in an attempt to increase the injured worker's function, decrease pain, and allow him to continue with home exercises. On 10-07-2015, Utilization Review (UR) non-certified the request for a TENS unit rental for three months for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental x 3 months for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation). Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition, there must be a 30-day trial with objective measurements of improvement. These criteria have not been met in the review of the provided clinical documentation and the request is not medically necessary.