

Case Number:	CM15-0208145		
Date Assigned:	10/27/2015	Date of Injury:	01/31/2001
Decision Date:	12/10/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 is a 46 year old male who sustained a work-related injury on 1-31-01. Medical record documentation on 9-17-15 revealed the injured worker was being treated for L4-L5 disc herniation of 3.5 mm, L3-L4 disc bulge of 3.5 mm, moderate right neural foraminal stenosis of L4-L5, bilateral carpal tunnel release syndrome, and mild S-shaped lumbar scoliosis. He rated his lumbar pain an 8 on a 10-point scale and noted improvement. He had radiation of pain into the left lower extremity, left wrist, and left hand which he rated a 2 on and noted the pain was the same since his previous evaluation. His pain was made better with heat, rest and medications and made worse with the weather and activities such as excessive or prolonged sitting and standing. Objective findings included tenderness to palpation over the lumbar spine midline. He had tenderness and hypertonicity over the lumbar paraspinal muscles and an asymmetric loss of range of motion. He had a positive straight leg raise in the bilateral lower extremities. An MRI of the lumbar spine on 4-16-15 revealed mild S-shaped lumbar scoliosis, mild spondylosis at L3-L4 and L4-L5 with multi-level ligamentum hypertrophy and facet joint arthropathy. There was no central canal narrowing at any level and no evidence of neural impingement. He had mild to moderate neural foraminal narrowing bilaterally at L4-L5 and on the left at L3-L4. A request for TENS unit (3 month rental extension) was received on 9-24-15. On 9-30-15, the Utilization Review physician determined TENS unit (3 month rental extension) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (3 month rental extension): Upheld

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

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

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case there is no documentation of objective evidence of functional improvement. In addition there is no documentation that the patient is participating in a FRP. Conditions for TENS use have not been met. The request is not medically necessary.