

Case Number:	CM14-0114265		
Date Assigned:	08/04/2014	Date of Injury:	06/27/2012
Decision Date:	10/24/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	07/22/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 55-year-old male who reported an injury on 06/27/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included probably lumbar intravenous disc surgeon, right sided sciatica. The previous treatments included lumbar epidural steroid injections, medication, physical therapy, head and ice, injections, chiropractic sessions, and the use of a TENS unit. The diagnostic testing included an EMG/NCV. Within the clinical note dated 07/03/2014, it was reported the injured worker complained of pain described as aching in the low back. He rated his pain 6/10 to 7/10 in severity. On physical examination, the provider noted the injured worker had tenderness over the paraspinal muscles. There was increased pain with flexion and extension. The injured worker had a positive straight leg raise on the right and a negative on the left. The provider requested transcutaneous electrical nerve stimulation for the relief of pain. The Request for Authorization was submitted and dated 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Transcutaneous Electrical Nerve Stimulation 30 day trial for 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
Transcutaneous Electrotherapy Page(s): 114-116..

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 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. The guidelines recommend evidence that other appropriate pain modalities have been tried and failed, including medication. The request submitted required the purchase of a unit for 30 days. However, the guidelines recommend rental would be preferred over purchasing during the trial. The provider failed to document significant deficits upon the physical exam. Therefore, the request is not medically necessary.