

Case Number:	CM14-0116980		
Date Assigned:	09/16/2014	Date of Injury:	10/16/2013
Decision Date:	11/12/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/25/2014

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 Family Medicine and is licensed to practice in New York and New Jersey. 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 32 year-old female who was injured on 10/16/13 by reaching overhead to put some objects on a shelf. She complained of neck pain, low back pain, and cramping in her right leg. She had thoracic pain which resolved. On exam, she had tender lumbar paraspinal muscles and decreased range of motion. An MRI showed L4-5, L5-S1 minimal disc bulging. She was diagnosed with lumbago, lumbar sprain and strain, neck sprain and strain, lumbar degenerative disc disease, thoracic sprain/strain, muscle spasm, myofascial pain, gastritis, and skin sensation disturbance. Her treatment included physical therapy, acupuncture and medications such as an intramuscular injection of Ketoraolac, Vicodin, Tramadol, Tylenol, Naproxen and Omeprazole. The pain improved with tramadol and ibuprofen. She had marginal improvement with physical therapy and was helped with acupuncture. She admits to needing to work on her core strength and continues with some stretching exercises and squats. She was supposed to have an evaluation by pain management. A TENS unit and TENS patches were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and TENS Patch: Upheld

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

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

Decision rationale: A trial of TENS unit is reasonable as an adjunct to a functional restoration program when other conservative appropriate pain modalities have failed. The patient had improved with acupuncture and did have some pain relief with ibuprofen and tramadol. The patient was to have an evaluation by pain management and the possibility of trigger point injections. The patient needed to continue with home exercises and strengthening her core muscles. As per MTUS guidelines, TENS "does not appear to have an impact on perceived disability or long-term pain" in the management of chronic low back pain. There is also no clear documentation if the TENS unit is to be used for her neck or lower back. There is no clear reason to recommend a TENS unit and therefore, TENS patches at this time. Therefore, the request for TENS unit and TENS Patch are not medically necessary and appropriate.