

Case Number:	CM14-0134112		
Date Assigned:	08/27/2014	Date of Injury:	06/08/2014
Decision Date:	09/26/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/21/2014

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 and Rehabilitation and is licensed to practice in California. 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:

This 41 year-old patient sustained an injury on 6/8/14 from a slip and fall on wet floors. Request(s) under consideration include DME purchase of TENS unit dos 07/29/2014. Diagnoses included lumbar sprain/strain; neuritis. Report of 7/14/14 noted patient with low back and bilateral hip pain s/p fall. The patient was evaluated the same day with imaging study and provided Vicodin and Lorazepam. The patient reported low back pain radiating to both hips and down both legs associated with numbness and tingling. Past medical history included Diabetes s/p kidney transplant, hernia surgery, and right ankle surgery. Exam noted lumbar T10; diffuse decreased sensation at L3-S1; 5/5 in all muscle groups except for 4+/5 on left great toes; limited range secondary to pain with negative SLR. Diagnoses included lumbar strain/sprain; neuritis/radiculitis. Treatment included meds, MRI, TENS unit. Report of 7/29/14 from PA/NP noted unchanged symptoms and findings with the patient remaining TTD until 8/14/14. MRI of lumbar spine dated 7/17/14 showed no disc herniation or bulge with patent canal and neural foramina at all levels; unremarkable study. Report from PA on 8/7/14 noted constant low back pain radiating to calves with cramping. Medications list Tramadol, Cyclobenzaprine. Exam noted TTP, limited range and spasm. Diagnoses unchanged with plan to continue meds and patient remained off work until 9/7/14. The request(s) for DME purchase of TENS unit dos 07/29/2014 was non-certified on 8/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of TENS unit dos 07/29/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: This 41 year-old patient sustained an injury on 6/8/14 from a slip and fall on wet floors. Request(s) under consideration include DME purchase of TENS unit dos 07/29/2014. Diagnoses included lumbar sprain/strain; neuritis. Report of 7/14/14 noted patient with low back and bilateral hip pain s/p fall. The patient was evaluated the same day with imaging study and provided Vicodin and Lorazepam. The patient reported low back pain radiating to both hips and down both legs associated with numbness and tingling. Past medical history included Diabetes s/p kidney transplant, hernia surgery, and right ankle surgery. Exam noted lumbar T10; diffuse decreased sensation at L3-S1; 5/5 in all muscle groups except for 4+/5 on left great toes; limited range secondary to pain with negative SLR. Diagnoses included lumbar strain/sprain; neuritis/radiculitis. Treatment included meds, MRI, TENS unit. Report of 7/29/14 from PA/NP noted unchanged symptoms and findings with the patient remaining TTD until 8/14/14. MRI of lumbar spine dated 7/17/14 showed no disc herniation or bulge with patent canal and neural foramina at all levels; unremarkable study. Report from PA on 8/7/14 noted constant low back pain radiating to calves with cramping. Medications list Tramadol, Cyclobenzaprine. Exam noted TTP, limited range and spasm. Diagnoses unchanged with plan to continue meds and patient remained off work until 9/7/14. The request(s) for DME purchase of TENS unit dos 07/29/2014 was non-certified on 8/15/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The DME purchase of TENS unit dos 07/29/2014 is not medically necessary and appropriate.