MAXIMUS Federal Services

Case Number:	CM14-0143544		
Date Assigned:	09/19/2014	Date of Injury:	10/15/2013
Decision Date:	10/30/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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 Internal Medicine 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:

There were 507 pages provided for this review. There was an anterior lumbar interbody fusion of L5-S1. There was a lack of information provided for the physical therapy. Per the records provided, the patient had persistent back pain rated at nine out of ten and bilateral knee pain and bilateral hip pain. There was tenderness to the paraspinals and sensation was decreased bilaterally at L4 and at L4-L5 on the left only. The patient is a 43-year-old man who was injured on October 15, 2013. How he was injured was not stated. He was diagnosed with a lumbar sprain with radiation to the left lower extremity and a history of lumbar herniated disc at L5-S1 and left S1 radiculopathy. The only clinical provided was a note from August 1, 2014. He had persistent pain in the back, hips and knees. He also had constant lumbar pain at 9/10. The unit was requested to see if it will give him relief and in hopes of increasing his functionality.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electric nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 116 of 127.

Decision rationale: The MTUS notes that TENS is 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 following conditions: For neuropathic pain, there is some evidence, including for diabetic neuropathy and post-herpetic neuralgia. For phantom limb pain and CRPS (chronic regional pain syndrome) II, there is some evidence to support use. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. While TENS does not appear to be effective in reducing spasticity in Multiple sclerosis (MS) patients, it may be useful in treating MS patients with pain and muscle spasm. I did not find in these records that the claimant had these conditions. Also, an outright purchase is not supported, but a monitored, one-month trial to ensure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. The request is not medically necessary.