

Case Number:	CM14-0160669		
Date Assigned:	10/06/2014	Date of Injury:	06/05/2014
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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, has a subspecialty in Pain 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:

This is a female patient with a date of injury of June 5, 2014. A utilization review determination dated September 24, 2014 recommend non-certification of one TENS unit. A progress note dated September 2, 2014 identifies subjective complaints of continued chiropractic care with improvement but with inability to increase activity level. Physical examination identifies tenderness palpation over the upper, mid-, and lower lumbar paravertebral muscles, range of motion identifies flexion to 25, 20 with right and left lateral bending, 15 with right and left lateral rotation, and 15 with extension. The patient has a positive straight leg raise on the left in the seated position at 80 and in supine position at 60. The patient has tenderness to palpation over the posterior pelvis, sacral, and coccygeal region. There is diminished sensation in the left lower extremity in the L5 distribution as well as trace weakness in the left extensor hallucis longus and tibialis anterior. The diagnoses include contusion and straining injury to the lumbar spine, contusion and straining injury to the pelvis, sacrum, and coccyx, left-sided lumbar radiculopathy, and lumbar disc protrusion at L5-S1. The treatment plan recommends that the patient complete her scheduled chiropractic therapy visits, requests for authorization for neurodiagnostic studies of bilateral lower extremities, and a request for authorization for a TENS unit. The goals of the TENS unit are to provide the patient with symptomatic relief, decrease their reliance on medication, increase function and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 114-117 of 127.

Decision rationale: Regarding the request for 1 TENS unit, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of what conservative treatments the patient has failed. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested 1 TENS unit is not medically necessary.