

Case Number:	CM14-0160795		
Date Assigned:	10/06/2014	Date of Injury:	01/29/2013
Decision Date:	11/06/2014	UR Denial Date:	09/09/2014
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 Emergency Medicine and is licensed to practice in Texas. 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 37 year old male with a reported date of injury on 01/29/2013. The mechanism of injury was reportedly caused by lifting. The injured worker's diagnoses included bilateral L3, L4 and L5 facet pain, Left S1 radiculopathy axial low back pain. Past treatments included a four week functional restoration program and starting a home based exercise program; which the injured worker stated that he was having "difficulty". The MRI of the lumbar spine performed on 02/27/2013, revealed minimal annular disc bulge at L4-5, L5-S1. No central canal stenosis, and mild bilateral L4, L5 neural foraminal narrowing. The injured worker complained of feeling crooked, with a significant amount of pain and discomfort radiating from the lower back to the left lower limbs. The physical exam revealed decreased sensation to light touch in the left medial calf and positive facet loading maneuvers at the L3, L4, and L5. The injured worker's medication regimen included Ibuprofen, Vicodin, Gabapentin and Tylenol. The treatment plan was to request a functional capacity evaluation, and await a qualified medical evaluation. The request was for Purchase of a TENS unit with 4 electrodes #1 unit, low back. The rationale was not provided in the submitted documentation. The Request for Authorization was submitted on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase TENS unit with 4 electrodes #1 unit, low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain Page(s): 116.

Decision rationale: The request for Purchase TENS unit with 4 electrodes #1 unit, low back is not medically necessary. The California MTUS Guidelines indicate the criteria for the use of TENS unit would include: documentation of pain of at least three months duration; evidence that other appropriate pain modalities have been tried and failed. A one-month trial period of the TENS unit should be documented with documentation of how often the unit was used, rental would be preferred over purchase during this trial. In addition, the clinical information should include a treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The clinical information indicates the injured worker completed a four week functional restoration program, the results of which were not provided. The functional documentation fails to provide the one month home base trail for the injured worker. The clinical information provided for review lacks documentation as to the necessity for a 4-lead unit rather than the recommended 2-lead unit. As such, the Purchase TENS unit with 4 electrodes #1 unit, low back is not medically necessary.