

Case Number:	CM14-0092816		
Date Assigned:	07/25/2014	Date of Injury:	02/07/2011
Decision Date:	09/17/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational 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:

The patient is a 58-year-old male who has submitted a claim for low back pain, anxiety, depression, lumbar spine arthrodesis, status post detox from opioids and current maintenance on Suboxone, degenerative spondylolisthesis, lumbar stenosis, lumbar herniated nucleus pulposus without myelopathy, lumbar spondylosis without myelopathy, lumbar degenerative disc disease, and newly diagnosed with hepatitis C associated with an industrial injury date of February 7, 2011. Medical records from 2011-2014 were reviewed. The patient complained of pain on the lower thoracic and right low back area, rated 6/10 in severity. Overall, he states that his symptoms are improved. Physical examination showed tenderness over the right lumbar paraspinal muscles and midline lumbar spine. Motor strength and sensation was intact. MRI of the lumbar spine, dated September 17, 2013, revealed L2-L3, L3-L4, L4-L5, and L5-S1 degenerative disc protrusion, grade 1 L5-S1 spondylolisthesis, L5-S1 facet tropism, and large right L4-L5 posterior facet capsule and ligamentum flavum was enlarged and impinging on the thecal sac. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, functional restoration program, psychotherapy, home exercise program, activity modification, left rotator cuff surgery, lumbar medial branch neurotomy, and lumbar spinal fusion. Utilization review, dated May 21, 2014, denied the request for purchase of TENS unit because there was no information as to the efficacy of a TENS and how much benefit the claimant sustained since there was no information as his chronic pain symptoms have been significantly reduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

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

Decision rationale: As stated on page 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, TENS units are 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. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, patient had low back pain. The rationale for the use of TENS unit was to facilitate reduction in pain, improving function, and reduction in his opiate medications. However, it was not mentioned if the current request would be a one-month home-based TENS trial. In addition, there was no documentation regarding failure of other ongoing treatment modalities or medications being used. A treatment plan concerning the use of the TENS unit was also not found in the documentation. The guideline criteria have not been met. Also, the present request failed to specify the body part to be treated and the duration of the treatment. It was also not specified if the request was for rental or purchase. Therefore, the request for TENS unit is not medically necessary.