

Case Number:	CM14-0095943		
Date Assigned:	07/25/2014	Date of Injury:	06/03/2013
Decision Date:	10/09/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/24/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 33-year-old male with a reported date of injury on 06/03/2013. The mechanism of injury was noted to be from cumulative trauma. His diagnoses were noted to include acute lumbar spine sprain/strain superimposed on degenerative disc disease and intervertebral disc syndrome, right sciatica and radiculitis to rule out L5-S1 radiculopathy. His previous treatments were noted to include physical therapy, acupuncture, chiropractic treatment, and medications. The progress note dated 05/08/2014 revealed complaints of low back pain that radiated to the right leg. The injured worker indicated that pain increased while sitting on the toilet for a bowel movement and noted that he developed paresthesia if he sat for more than 6 to 10 visits. The physical examination revealed a normal gait with no braces or assisted devices. There was tenderness to palpation along the paravertebral muscles of the spine with muscle spasm formation. The range of motion to lumbar spine was restricted with flexion to approximately 60% of normal and extension was approximately 50% of normal. Lateral flexion was symmetric bilaterally. The deep tendon reflexes were responsive and symmetric bilaterally. There was persistent hypesthesia on the right L5-S1 dermatomes. Palpation produced pain and tenderness over the paraspinal muscles with associated spasm and guarding affect. There were multiple articular fixations over the lower L3 and right S1 joint. The Request for Authorization Form was not submitted within the medical records. The request was for a TENS unit for purchase for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, FOR CHRONIC PAIN Page(s): 114, 116.

Decision rationale: The injured worker complained of chronic/mechanical low back pain that radiated to the right leg. The California Chronic Pain Medical Treatment Guidelines do not recommend a TENS as a primary treatment modality, but a 1 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. The guidelines criteria for the use of TENS is a documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, a 1 month trial period of the TENS unit 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; and rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial, including medication usage. There is lack of documentation regarding a 30 day trial of the TENS unit and therefore, a TENS purchase is not appropriate at this time. There is lack of documentation regarding the TENS unit to be used as an adjunct to a functional restoration approach. Therefore, the request is not medically necessary.