

Case Number:	CM14-0215563		
Date Assigned:	01/05/2015	Date of Injury:	07/17/2013
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 44 year old female with a date of injury as 07/17/2013. The injury occurred when the worker bent over to get clothes out of a laundry machine and she felt a sudden onset of pain in the low back that eventually started to radiate down the left lower extremity. The current diagnoses include lumbar discogenic syndrome, headache, lumbar spondylosis without myelopathy, and lumbar degenerative disc disease. Previous treatments include oral medications, physical therapy, paraffin acupuncture, ultrasound, and home exercise program. Primary treating physician's reports dated 05/29/2014 through 11/12/2014, qualified medical examiner report dated 09/16/2014, acupuncture progress reports dated 08/22/2014 through 09/19/2014, x-ray report dated 01/20/2014, physical therapy progress notes dated 01/31/2014 through 02/14/2014, and initial electrical stimulation report dated 06/12/2014 were included in the documentation submitted for review. The report dated 11/12/2014 did not contain any objective or subjective evaluations, the physician wrote that only one page of the QME was available, need entire QME to review with the injured worker. Report dated 11/06/2014 noted that the injured worker presented with complaints that included low back pain which radiates to her left hip and leg with numbness and tingling, headache. The injured worker stated that medications help temporarily, has been doing exercises at home to help control pain, and uses the TENS unit at home. Physical examination notes tenderness to palpation in the lumbar area and decreased range of motion in the low back. Initial electrical stimulation report dated 06/12/2014 indicates that the TENS unit was indicated due to prior interventions not helping and for promotion of conservative treatments. The goals were to improve functional restoration, reduce pain, increase range of

motion, reduce need for medications, and decrease number of flare ups of symptoms. It was documented that the injured workers pain level prior to initial treatment was 7 out of 10 and after a initial treatment pain level decreased to 5 out of 10. It was also documented in the report dated 07/24/2014 that the TENS unit broke after using it once at home, and there was no further documentation of when the injured worker started using the TENS unit again or a detailed evaluation of the use and effectiveness of the TENS unit. The injured worker is on modified work restrictions. The utilization review performed on 12/02/2014 non-certified a prescription for TENS patch x2 pairs based on insufficient information regarding prior use of the TENS unit to show that TENS equipment such as patches are medically necessary. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch x 2 pairs: Upheld

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

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

Decision rationale: The patient presents with lower back pain radiating to the left hip with numbness and tingling rated 7/10. The current request is for TENS patch times two pairs per the 10/30/14 RFA. MTUS Transcutaneous electrotherapy pages 114-116 states 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. This request is indicated for the neuropathic pain that is documented for this patient and TENS is used as an adjunct to other treatment. The 11/16/14 report states that the patient uses TENS and the 09/12/14 report shows a new TENS unit was dispensed after the provided unit ceased working after one use. The reports do not otherwise discuss the unit. The treater states that medications help the patient's pain, but does not state if TENS is helping. In this case, therefore, the request is not medically necessary.