

Case Number:	CM14-0217795		
Date Assigned:	01/07/2015	Date of Injury:	12/23/1996
Decision Date:	03/06/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/29/2014

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 & Rehabilitation

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 43 year old male with a work related low back injury dated 12/23/1996 while loading and unloading boxes of meat. According to a primary physician's progress report dated 11/19/2014, the injured worker presented for a pharmacological re-evaluation with complaints of lumbosacral and left lower extremity to lateral calf, left big toe, and left sacroiliac pain. Diagnoses included lumbar post-laminectomy syndrome and lumbosacral radiculitis. Treatments have consisted of lumbar laminectomy/discectomy in 02/1997, repeat laminectomy/discectomy in 02/1998, lumbar fusion at L5-S1, and medications. No diagnostic testing was included in received medical records. Work status is noted as maintaining permanent and stationary while being self employed in the tool sharpening business. On 12/07/2014, Utilization Review non-certified the request for 1 Transcutaneous Electrical Nerve Stimulation (TENS) Unit Purchase citing California Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated the evidence based guidelines recommended the use of a TENS unit after a trial month had a favorable outcome with documented functional improvement, for neuropathic pain, spasm due to severe spinal injury, or for pain caused by complex regional pain syndrome. According to the injured worker's history, he is not suffering from any of the indicative problems. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PURCHASE: 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 (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient presents with back pain which is located at his lumbosacral and left lower extremity to his lateral calf, big toe left side, and left sacroiliac. The request is for a TENS UNIT PURCHASE 'due to excessive amount of low back pain when this patient drives long distances.' He has muscles spasms in the lumbosacral spine, tenderness/ hypertonicity in the paravertebral muscles of the lumbar spine, and a limited range of motion of the lumbosacral spine. Per MTUS guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. In this case, there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. The treater has not indicated a need for a TENS unit based on the MTUS criteria. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the requested TENS unit IS NOT medically necessary.