

Case Number:	CM14-0061190		
Date Assigned:	07/09/2014	Date of Injury:	10/05/2011
Decision Date:	03/30/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 45-year-old male who sustained an industrial injury on 10/05/2011. He was diagnosed with a lumbar herniated disc. He had a history of back surgery and underwent removal of the hardware at the L5/S1 level on 9/23/13. The 3/20/2014 treating physician report indicated the injured worker was status post lumbar hardware removal. He had gone back to work for one month and was doing a very laborious job, using a sledge hammer and pouring concrete. He reported that he could muscle through the work but was miserable at the end of the day with pain and spasms. Physical exam documented 4+/5 plantar flexion and dorsiflexion weakness possibly due to significant paraspinal muscle spasms. The diagnosis was lumbar herniated disc. The treatment plan requested a TENS (transcutaneous electrical nerve stimulation) unit to use when the pain and spasms flare up. The TENS unit could give him paraspinal muscle relaxation. Ultram ER 150 mg, Norco 2.5/325 for more severe pain, Norflex 100 mg for muscle spasms, and Protonix 20 mg as GI prophylaxis, plus topical medications of Methoderm Gel were dispensed following counseling on narcotic use. On 4/18/14, utilization review non-certified a request for TENS unit for purchase. The MTUS Guidelines were cited.

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 Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-118.

Decision rationale: The California MTUS guidelines recommend the use of transcutaneous electrotherapy in the treatment of pain when specific indications are met for individual electrotherapy modalities. In general, the guidelines do not recommend the use of any form of electrical stimulation as a primary treatment modality. Criteria for the use of TENS includes chronic intractable pain of 3 months duration and evidence that other appropriate pain modalities (including medication) have been tried and failed. A one-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; rental would be preferred over purchase during this trial. Guideline criteria have not been met. There is no evidence that the patient has chronic intractable pain that has failed other appropriate pain modalities. The purchase of a TENS unit is not supported prior to a 30-day trial period with evidence of outcomes relative to the pain relief and functional improvement. Therefore, this request is not medically necessary.