

Case Number:	CM15-0011373		
Date Assigned:	01/29/2015	Date of Injury:	11/28/2012
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 35 year old female who sustained a work related injury to her right knee and leg when she slipped but did not fall on November 28, 2012. The injured worker was diagnosed with lumbar facet arthropathy L4-5 and L5-S1, left lumbar radiculopathy and depressive symptoms. A magnetic resonance imaging (MRI) in February 2013 noted the discs are normal without canal or foraminal stenosis. The patient continues to experience low back pain with radiation to the right leg. Current medications consist of Relafen and Flexeril, Tramadol and Gabapentin. Treatment modalities consisted of ice/heat, physical therapy, exercises, chiropractic therapy and medications. The treating physician requested authorization for transcutaneous electrical nerve stimulation (TENS) unit and heating pads for the lumbar spine. On December 26, 2014 the Utilization Review modified the certification for the transcutaneous electrical nerve stimulation (TENS) unit and heating pads for lumbar spine to a heating pad for the lumbar spine. The transcutaneous electrical nerve stimulation (TEN's) unit was denied. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and heating pads for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back: Heat Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115. Decision based on Non-MTUS Citation Back pain and heat therapy

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for a TENS unit is not medically necessary. There is moderate evidence that heat wrap therapy provides a small short-term reduction in pain and disability in acute and sub-acute low-back pain, and that the addition of exercise further reduces pain and improves function. In this case, the claimant's pain was chronic. Heat would be more beneficial in the acute phases. Heat therapy is recommended as an option but it is not considered medically necessary.