

Case Number:	CM15-0117785		
Date Assigned:	06/26/2015	Date of Injury:	02/17/2005
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 57 year old male, who sustained an industrial injury on 2/17/05. He reported initial complaints of back injury. The injured worker was diagnosed as having lumbar disc disease; chronic lumbar strain. Treatment to date has included medications. Currently, the PR-2 notes dated 5/20/15 indicated the injured worker complains of intermittent low back pain. It is mostly right-sided and more on the upper portion of his lumbar levels. Pain radiates and wraps around the front of the waist area. It occasionally radiates down to both legs also. The pain is sharp when felt and an ice pack helps along with medication. His pain level is rated 3-4/10. On physical examination the provider notes the injured worker's lumbar flexion is at 30 degrees and slightly painful. Lumbar extension 20 degrees and pain-free. Lumbar rotations bilaterally at the sides are full and pain-free. His bilateral straight-leg-raise is negative today. He notes tenderness bilaterally at the lumbar paraspinal muscle palpation with no muscle spasms. His neurologic exam is 4/5 for bilateral ankle dorsiflexion, bilateral knee flexion; 4/5 left ankle plantaris flexion and left hip flexion. He has 4/5 left hip abduction with decreased sensation on the dorsum of bilateral feet. 2+ bilateral dorsalis pedis pulses are equal. There is no pedal edema. The provider notes his diagnosis of lumbar disc disease (broad based disk protrusion at L4-L5, L3-L4, L2-L3 and L1-L2; disk protrusion eccentric to the left neural foramen at L4-L5 and L3-L4; lumbar spinal stenosis at L2-L3). He also noted lumbar facet-mediated pain, bilaterally and chronic lumbar strain. His treatment plan is to continue his pain medication regime. He also is requesting authorization of a TENS unit for low back treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) Unit kit, in treatment of Low Back:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of back pain with no noted neuropathic pain. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program, which is not documented. There is no documentation of short or long-term goal of TENS unit. There is no documentation of an appropriate 1-month trial of TENS. MTUS also recommends rental over purchase, there is no documentation as to why a TENS unit needed to be purchased instead of rented. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.