

Case Number:	CM15-0118171		
Date Assigned:	06/26/2015	Date of Injury:	12/14/2013
Decision Date:	07/31/2015	UR Denial Date:	05/28/2015
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: 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 48 year old male, who sustained an industrial injury on December 14, 2013. He reported a cold sensation to his lower back followed by pain. Treatment to date has included chiropractic therapy, medications, physical therapy, TENS unit trial and epidural steroid injection. Currently, the injured worker complains of reports increased pain of the neck and upper back. He has completed a TENS unit trial and reported that the pain was decreased to a 5 on a 10-point scale and that his muscles relaxed. He rates his current pain level a 6 on a 10-point scale. An MRI of the lumbar spine on January 20, 2014 revealed disk desiccation with moderate disk protrusion of L5-S1 with bilateral facet hypertrophic changes resulting in severe compression of the neural foramen and impingement on the L5 nerve roots. He had disk desiccation of L4-5 with moderate bilateral neural foraminal narrowing and moderate foraminal stenosis at L3-L4 secondary to faced joint hypertrophic changes. The diagnoses associated with the request include lumbosacral or thoracic neuritis or radiculitis, sacroiliac ligament sprain/strain, lumbar facet arthropathy, lumbar degenerative disc disease, and chronic pain syndrome. The treatment plan includes TENS unit for home use for lumbar spasms, continued Lidopro cream and Lidopro patches for pain control and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient receives treatment for chronic low back pain. He has received physical therapy, epidural steroid injections, and a trial of a TENS unit. The medical diagnoses include lumbar disc protrusion and lumbar facet disease. This relates back to an industrial injury dated 12/14/2013. This review addresses a request for the purchase of a TENS unit for home use. TENS may be medically indicated to treat some cases of chronic pain, as long as it is not the primary method of treatment and there is evidence of a one month trial of the TENS unit which shows benefit. TENS is not recommended for all types of chronic pain. TENS has been found to be useful for some cases of CRPS II, neuropathic pain, multiple sclerosis, spasticity from injuries of the spinal cord, and phantom limb pain. The documentation must show evidence that the trial of the TENS unit resulted in functional improvement. This means a clinically significant improvement in the activities of daily living, a decrease in work restrictions, and a decrease in dependency on continued medical management, including requests for analgesia. This clinical data should be objective, quantifiable, and stated in the history and physical exam portion of the medical documentation. The treating physician's treatment plan needs to include the short-term and long-term treatment goals of the TENS unit. The documentation does not adequately cover these clinical facts. A TENS unit purchase is not medically indicated.