

Case Number:	CM15-0121064		
Date Assigned:	07/01/2015	Date of Injury:	12/19/2013
Decision Date:	07/30/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 51-year-old male who sustained an industrial injury on 12/19/2013. Diagnoses include lumbar facet syndrome. Treatment to date has included medications, physical therapy, acupuncture and chiropractic treatment. TENS unit and chiropractic treatment were beneficial for reduction of pain and improving range of motion and strength. According to the progress notes dated 5/18/15, the IW reported back pain. Pain was rated 5/10 with medications and 7/10 without them. He reported sleeping poorly and increased activity level. On examination, there was loss of normal lordosis curvature. Range of motion of the lumbar spine was restricted due to pain, measuring 65 degrees of flexion, 20 degrees of extension, and 20 degrees of right lateral bending and 15 degrees of left lateral bending. The paravertebral muscles were tender to palpation with spasms and hypertonicity noted bilaterally. Lumbar facet loading was positive bilaterally. Straight leg raise was negative. FABER test was positive and pelvic compression test was negative. Lumbar MRI on 2/6/14 revealed small bulging and herniated discs with annular tears in the lower lumbar spine and multiple facet joint arthropathy, most notable at L5-S1. A request was made for a TENS (transcutaneous electrical nerve stimulation) unit for pain complaints and to avoid medication escalation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-116, 121. Decision based on Non-MTUS Citation BlueCross BlueShield, CMS, Aetna and Humana, VA, European Federation of Neurological Societies.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Tens unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar facet syndrome; and dizziness and giddiness. The date of injury is December 19, 2013. The request authorization is May 27, 2015. The sole progress note is dated May 18, 2015. Subjectively, there is a pain score. There are no subjective complaints documented in the record. Objectively, lumbar spine has range of motion that is decreased to flexion. There is tenderness and spasm overlying the right and left paraspinal muscles. Lumbar facet loading is positive. Motor testing is limited by pain. Motor strength is grossly normal bilaterally. There is no one month clinical trial for the TENS unit. The documentation does not indicate the anatomical region to apply the TENS unit. Consequently, absent clinical documentation with evidence of a one-month clinical trial and documentation indicating the area(s) to be treated, TENS unit is not medically necessary.