

Case Number:	CM15-0074318		
Date Assigned:	04/24/2015	Date of Injury:	03/18/2014
Decision Date:	06/09/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 20 year old male, who sustained an industrial injury on 3/18/14. He reported initial complaints of a fall from a forklift with back pain. The injured worker was diagnosed as having lumbar sprain/strain; lumbosacral or thoracic neuritis or radiculitis; degenerative disc disease lumbar or lumbosacral; lumbar region spinal stenosis. Treatment to date has included acupuncture; physical therapy; status post lumbar epidural steroid injection (3/23/15); medications. Diagnostics included EMG/NCV lower extremities (7/28/14). Currently, the PR-2 notes dated 4/1/15 indicate the injured worker complains of low back pain and is a status post epidural steroid injection L4-5 on 3/23/15 noting doing better with less pain decreased radiculopathy. PR-2 notes dated 3/23/15 indicate the injured worker had an EMG/NCV study completed on 7/28/14 that was normal. The treatment plan includes a refill for pain medications; no medications side-effects reported. Continue with home exercise program and TENS unit treatment. He again notes the injured worker had a lumbosacral epidural steroid injection on 3/23/15 and has helped with pain and lower extremity radiculopathy. The provider has requested a TENS unit for 2 month rental for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for 2 month rental for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for TENS unit for 2 month rental for lumbar spine. The treating physician report dated 4/1/15 (11C) states, "Continue with HEP, Tens Tx." Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows the patient has previously been prescribed a TENS unit for a one month trial as indicated by MTUS. Furthermore, while a one month trial would be reasonable and within the MTUS guidelines, the current request for a 2 month rental without documentation of functional improvement is not supported. The current request does not satisfy MTUS guidelines as outlined on page 114. Recommendation is for denial. Therefore, the requested treatment is not medically necessary.