

Case Number:	CM15-0076476		
Date Assigned:	04/28/2015	Date of Injury:	04/25/2005
Decision Date:	06/01/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 44-year-old male, who sustained an industrial injury on 4/25/2005. Diagnoses have included lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis unspecified and sacroiliac ligament sprain/strain. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) and medication. According to the progress report dated 1/23/2015, the injured worker complained of low back pain that radiated down the left leg. He also complained of numbness of his left leg down to his foot. He noted that Naproxen and transcutaneous electrical nerve stimulation (TENS) were helpful for pain relief. Physical exam revealed tenderness to palpation of the lower lumbar spine and the bilateral sacroiliac joint. There was decreased sensation to light touch on L4 on the left. Straight leg raise was positive on the left. The injured worker was given a Toradol injection. Authorization was requested for retrospective transcutaneous electrical nerve stimulation (TENS) electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS electrodes, quantity 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116.

Decision rationale: Based on the 03/20/15 progress report provided by treating physician, the patient presents with low back pain that radiates to left leg rated 8/10. The request is for RETROSPECTIVE TENS ELECTRODES QUANTITY 2. Patient's diagnosis per Request for Authorization form dated 03/20/15 includes lumbosacral or thoracic neuritis, lumbar degenerative disc disease, and sacroiliac ligament sprain/strain. Physical exam on 03/20/15 revealed tenderness to palpation of the lower lumbar spine and the bilateral sacroiliac joint. There was decreased sensation to light touch on L4 on the left. Straight leg raise was positive on the left. Patient medications include Naproxen and Lidopro cream. The patient is permanent and stationary, per 03/20/15 report. Treatment reports from 11/12/14-03/20/15 were provided. Per MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a one-month, home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. UR letter dated 03/27/15 states "there is no indication that TENS is to be used as an adjunct to other modalities." In this case, the patient presents with radiculopathy for which the use of TENS unit is indicated. Per 03/20/15 report, treater states "TENS helpful for pain relief." In this case, continued use of TENS unit appears reasonable given documentation of benefit from prior use. Therefore, this retrospective request for TENS electrodes IS medically necessary.