

Case Number:	CM14-0102392		
Date Assigned:	07/30/2014	Date of Injury:	04/09/2010
Decision Date:	11/21/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 34 year old male who was injured on 4/9/2010 after lifting a heavy object. He was diagnosed with myofascial low back pain. He was treated with surgery (lumbar fusion, 8/10/10) and back bracing. On 6/17/14, the worker was seen by his pain specialist complaining of chronic low back pain that persisted after surgery with bilateral leg radiation of the pain. There was no report of any other ongoing treatments (medication, physical therapy, etc.) at the time. Physical examination findings included 4/5 motor strength of left ankle plantar/dorsi flexion, decreased sensation of left leg and foot, tenderness of back, and negative straight leg raise. He was then recommended to start using Lidoderm, Vimovo (naproxen/esomeprazole), Lyrica, and a TENS unit. He was also recommended to have a lumbar MRI performed.

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 tens.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, include 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was limited documentation revealing the worker's previous treatment trials for his lower back besides bracing and surgery. There was no recommendation from the treating provider for continuing or starting a physical exercise program which would be required during any trial of TENS. It appears that the worker was started on multiple medications at the same time as the TENS, which would make it difficult to assess for benefit, although it is not clear whether the worker was taking the medications previous to this recommendation, as it was not documented in the notes provided for review. Therefore, the TENS unit seems to be not appropriate and medically unnecessary at this time.