

Case Number:	CM14-0142912		
Date Assigned:	09/10/2014	Date of Injury:	04/12/2014
Decision Date:	10/20/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 57-year-old male with a 4/12/2014 date of injury. The mechanism of injury involved lifting a 40-50 pound bag of charcoal and suffering a severe pain in his lower back while turning. The patient was most recently seen on 9/4/14 with complaints of a constant 7-8/10 low back pain shooting down the right leg. Exam findings revealed restricted range of motion of the lumbar spine, in addition to tenderness at the L4-L5 and L5-S1 level. Sensation to light touch was diminished along the medial and lateral border of the right leg, calf and foot. The patient's motor strength was 5/5, except for the right extensor hallucis longus and the plantar flexors, which were 4/5. The patient's diagnoses included lumbar disc bulges at L4-L5 and L5-S1 level with bilateral neuroforaminal narrowing, lumbar facet hypertrophy at L4-L5 and L5-S1 level, right-sided L5-S1 lumbar radiculopathy, lumbar facet syndrome, and chronic myofascial pain syndrome. The patient's medications included Neurontin 600mg PO BID, Prilosec 20 daily, Naproxen 550mg BID, and Flexeril 7.5mg, 1 or 2 PO daily. The pain and rehabilitation note dated 8/12/14 reported a 50-60% pain relief with a 1 month trial of the TENS unit. No objective findings were included in the documentation, i.e. functional gains or reduction in pain medication. Treatment to date - TENS unit, chiropractic treatment (6 visits), physical therapy (3 visits), medications, back support, cold pack, stretching/strengthening and spine stabilization home exercises. An adverse determination was received on 8/26/14 due to the lack of documentation identifying that the patient had previously undergone a 30-day trial of TENS unit. Furthermore, documentation of measurable pain relief, functional benefit, and reduction in pain medication use would be required for certification of the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation Unit (TENS): Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. The documentation noted pain relief of 50-60%, but there was lack of sufficient documentation in regards to functional gains, reduction in pain medications, or whether the TENS units was used as an adjunct to ongoing treatment modalities within a functional restoration approach. Therefore, the request for a TENS unit is not medically necessary.