

Case Number:	CM14-0144169		
Date Assigned:	09/12/2014	Date of Injury:	04/01/1999
Decision Date:	10/20/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 74-year-old male with date of injury of 04/01/1999. The listed diagnoses include low back pain, lumbar spine radicular bilaterally, high cholesterol, hypertension and GERD. According to this report, the patient complains of low back pain. The patient states that the pain radiates to the left and right leg. He has mild restriction of movement due to pain. The back pain has increased gradually and he had been having acute flare of muscular spasms requiring injection. The patient has tried TENS unit from his wife and it "relieved him." The examination shows tenderness in the lumbar spine at L3, L4, and L5. Paraspinal spasms were present on the right side. Trigger points noted at L3, L4, L5, and sciatic nerve on the right. S1 joints are tender on the right. Range of motion is 25% reduced. Sensory and motor examination is normal, gait is abnormal, and deep tendon reflexes are normal. The utilization review denied the request on 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Purchase of GSM TENS unit, 8 pairs of electrodes and 6 batteries for low back pain, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.2 Chronic Pain Medical Treatment Guidelines, Calif.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): p114-116.

Decision rationale: This injured worker presents with low back pain radiating to the bilateral legs. The treater is requesting a purchase of a GSM tens unit with 8 pairs of electrodes and 6 batteries. The MTUS Guidelines pages 114 to 116 on TENS unit state that it is not recommended as a primary treatment modality for 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The 08/06/2014 report notes that the patient tried his wife's TENS unit and states that it "relieved him." In this case, MTUS Guidelines recommend a 1-month home-based TENS trial to determine its efficacy in terms of pain relief and function. A one month trial must accompany documentation of frequency of its use along with pain reduction and functional improvements. Therefore, this request is not considered medically necessary.