

Case Number:	CM14-0151960		
Date Assigned:	09/22/2014	Date of Injury:	11/28/2012
Decision Date:	11/03/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/17/2014

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 and Rehabilitation, 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 53 year-old patient sustained an injury on 11/28/12 while employed by [REDACTED]. Request(s) under consideration include TENS Unit for low back. Diagnoses include Lumbago. Conservative care has included medications, therapy, and modified activities/rest. Report of 3/6/14 from a provider noted the patient with ongoing chronic lower back pain rated at 7/10 described as burning. Exam showed lumbar spine tenderness at paraspinal and lumbar facet L4-S1 with positive lumbar facet loading maneuvers with normal SLR bilaterally. Diagnoses included chronic pain syndrome; lower back pain; lumbar disc herniation without myelopathy; and lumbar stenosis. Treatment included continued medications of Norco and Norflex. Report of 7/24/14 from the provider noted the patient with ongoing chronic lumbar pain. Urine toxicology was reported to be positive for opiates. Current medications list Norco and Norflex. Exam showed diffuse lumbar tenderness at L4-S1 with positive lumbar facet loading maneuvers. Treatment plan was for TENS unit to low back. The request(s) for TENS Unit for low back was non-certified on 8/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, and activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for the rental/purchase. The TENS Unit for low back is not medically necessary and appropriate.