

Case Number:	CM13-0036121		
Date Assigned:	12/13/2013	Date of Injury:	09/22/2009
Decision Date:	10/13/2015	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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: Emergency Medicine

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 injured worker is a 45 year old male who reported an industrial injury on 9-22-2009. His diagnoses, and or impression, were noted to include: lumbar degenerative disc disease; lumbar disc displacement; lumbar facet syndrome; lumbago; lumbosacral neuritis; and thoracolumbar discopathy-radiculitis. No current imaging studies were noted. His treatments were noted to include: magnetic resonance imaging studies of the lumbar spine (11-19-09); a qualified medical examination on 7-27-2010; lumbar facet injections (10-29-12) - effective; medication management; and return to full duty work in 9-2013. The orthopedic progress notes of 8-16-2013 reported a re-evaluation for persistent pain of the low back that radiated to the right lower extremity, with numbness and tingling, and that a rhizotomy had helped his back symptomatology, but however, he still had residual sciatica. Objective findings were noted to include: tenderness and spasms from the mid-to-distal lumbar segments; pain with lumbar terminal motion; limited lumbar range-of-motion; positive lumbar seated nerve root test; and dysesthesia at the lumbar 5 dermatome. The physician's requests for treatments were noted to include a trans-cutaneous electrical nerve stimulation unit to use at home for pain control and relaxing muscle spasms. The Request for Authorization, dated 9-27-2013, included a trans-cutaneous electrical nerve stimulation unit. The Utilization Review of 10-4-2013 non-certified the request to purchase a trans-cutaneous electrical nerve stimulation unit for the lumbar-thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The requested TENS unit purchase, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-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 injured worker has persistent pain of the low back that radiated to the right lower extremity, with numbness and tingling, and that a rhizotomy had helped his back symptomatology, but however, he still had residual sciatica. Objective findings were noted to include: tenderness and spasms from the mid-to-distal lumbar segments; pain with lumbar terminal motion; limited lumbar range-of-motion; positive lumbar seated nerve root test; and dysesthesia at the lumbar 5 dermatome. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit purchase is not medically necessary.