

Case Number:	CM14-0196750		
Date Assigned:	12/04/2014	Date of Injury:	01/12/2013
Decision Date:	01/22/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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:

The patient is a 32 year old male with an injury date on 1/12/13. The patient complains of increased low lumbar pain radiating to the left leg, after undergoing a lumbar epidural steroid injection on 9/11/14, per 10/20/14 report. The patient did feel better after the last epidural steroid injection, and stated that his pain is associated with weakness/locking in right knee, numbness in left leg, and grinding is upper back per 9/22/14 report. The pain radiates to the hips, left leg, and right knee per 9/22/14 report. Based on the 10/20/14 progress report provided by the treating physician, the diagnoses are: Lumbar disc protrusion at L5-S1 and s/p first lumbar epidural steroid injection on September 11, 2014. A physical exam on 10/20/14 showed "L-spine range of motion is restricted with flexion 15/50 degrees." The patient's treatment history includes medications, work modifications, urine drug screen. The treating physician is requesting TENS trial 1 month. The utilization review determination being challenged is dated 10/20/14. The requesting physician provided treatment reports from 4/8/14 to 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Trial - 1 Month: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: This patient presents with lower back pain, left leg pain. The provider has asked for TENS trial 1 month but the requesting progress report is not included in the provided documentation. Review of the reports do not show any evidence of TENS units being used in the past. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient does present with significant leg symptoms radiating from the lumbar spine. Radicular symptoms, typically due to nerve root issues are neuropathic in nature and trial of TENS is reasonable. The patient has failed other conservative treatments. There is no evidence that the patient tried TENS unit in the past. The request is medically necessary.