

Case Number:	CM13-0002477		
Date Assigned:	11/20/2013	Date of Injury:	09/06/2006
Decision Date:	01/22/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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 55 year old male who reported an injury on 09/06/2006. The mechanism of injury was not provided. His diagnoses include sciatica, neuralgia, lumbar degenerative disc disease, and post laminectomy syndrome. There was no information provided regarding previous physical therapy or other conservative care measures. The records indicate that the patient has been utilizing a TENS unit for at least a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of TENS unit for six months to one year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-115.

Decision rationale: The California MTUS Guidelines recommend transcutaneous electrical stimulation as a second line, non-invasive treatment for certain types of pain if used as an adjunct to a functional restoration program. The MTUS conditions that can be treated with TENS include neuropathic, phantom-limb, CRPS II, spasticity, and Multiple Sclerosis. Evidence regarding the use of TENS for chronic low back pain is inconclusive. There is no objective documentation in

the medical records submitted for review that indicate the patient has any of the above conditions. Also, records of how effective the TENS therapy has been in regard to decreased pain levels (using the VAS scale) and improved functional levels (i.e., range of motion values) were not included. Therefore, the request for rental TENS unit 6months to one year is non-certified.

Electrode patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-115.

Decision rationale: The previous request for a TENS unit was not within the California MTUS guidelines, therefore electrode patches are not indicated. As such, the request for electrode patches is non-certified.

OCC replacement leads for TENS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-115.

Decision rationale: The original request for a TENS unit was not within the California MTUS guidelines, therefore OCC replacement leads are not indicated. As such, the request for OC replacement leads for TENS is non-certified.