

Case Number:	CM13-0006923		
Date Assigned:	11/27/2013	Date of Injury:	04/04/2012
Decision Date:	01/24/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/05/2013

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 41-year-old male who reported an injury on 4/04/2012. The patient reportedly was injured when he was lifting a large wedge sofa which came off a truck the wrong way. The patient subsequently wrenched his back in trying to prevent the sofa from falling. Treatment-wise, the patient has undergone chiropractic care, physical therapy, epidural steroid injections, surgical intervention, and has also utilized a TENS unit as of 06/2013. The patient has had ongoing complaints of chronic low back and knee pain. He has intermittent radiation of pain to his lower extremities and states that since his first lumbar epidural steroid injection, the pain has returned back to his baseline. The patient's significant left knee pain has prevented him from jogging or running and he is becoming more frustrated that the left knee has not improved more rapidly. The patient has been diagnosed with lumbar disc displacement without myelopathy. The physician is now requesting a TENS unit again.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

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

Decision rationale: According to California MTUS Guidelines, it states that TENS unit for chronic pain, is not recommended as a primary treatment modality, but a 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 documentation does state the patient has utilized a TENS unit in the past; however, there is no objective information providing the efficacy of the use of the equipment that would warrant continued use of the device. Furthermore, it is unclear to what extent the patient would be utilizing the TENS unit. The physician failed to indicate the length of time which the patient would be utilizing the device for therapy. Furthermore, as noted in the California MTUS a TENS unit should be used in adjunct to another form of measurable conservative treatment. The documentation does not indicate the patient will be utilizing a TENS unit alongside any other conservative modality. Therefore, at this time, the requested service does not meet guideline criteria for continued use.