

Case Number:	CM13-0009576		
Date Assigned:	10/11/2013	Date of Injury:	07/18/2011
Decision Date:	01/29/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/09/2013

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 and Rehabilitation, and is licensed to practice in California, Ohio and Pennsylvania. 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 underlying date of injury in this case is 07/18/2011. The primary treating diagnosis is lumbago. The initial physician review in this case recommended non-certification of a 6-month rental of a TENS unit with the rationale that treatment guidelines do not recommend the use of TENS for chronic low back pain and that the patient did not have a qualifying diagnosis. The treating physician has reported diagnoses of neck pain, thoracic pain, low back pain, leg pain, costovertebral osteoarthritis, thoracic vertebral fracture, lumbar mechanical pain, closed vertebral fracture, chronic pain, closed head injury, lumbar discogenic pain, lumbar sprain, leg length discrepancy, and scoliosis. In an office note of 07/02/2013, the treating physician restated a request for a 6-month TENS unit trial to help with pain and spasms in the back. The treating physician notes that the patient has tried TENS in the past as well as physical therapy and this successfully decreased the patient's pain level and increased mobility, and the patient wishes to continue using TENS at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a TENS Unit, 6 month trial rental for the Lumbar Spine Area: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on TENS, page 114, states, "a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of functional restoration" for neuropathic pain or complex regional pain syndrome or phantom pain. The treating physician reports that TENS has been requested in this case for low back pain and spasm. The treating physician does not indicate that the TENS unit would be for neuropathic pain or another condition for which the guidelines recommend TENS. Moreover, the treating physician describes only in general terms the benefit of past TENS use and does not clearly describe functional improvement from that past TENS trial. Moreover, if the past TENS trial were effective, then the guidelines would encourage purchase of a TENS unit rather than a 6-month rental. Therefore for multiple reasons, this treatment is not supported by the guidelines. This request for a TENS unit is not medically necessary.