

Case Number:	CM13-0015544		
Date Assigned:	03/12/2014	Date of Injury:	09/07/2012
Decision Date:	04/10/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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 injured worker is a 72-year-old man with a date of injury of 9/7/12. He was seen by his physician on 7/30/13 with complaints of continued low back pain, which has been relieved with rest and acupuncture. On physical exam, his gait was normal. He had tenderness to palpation over the lumbar spine. He had reduced forward flexion and extension. He had negative straight leg raises bilaterally. Sensation, motor strength and reflexes were symmetric and normal. His physician notes that he has 4 trigger points in the lumbar spine and worse back spasm. Trigger point injections and a home TENS unit were recommended and the TENS unit is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT, HOME: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 113-117.

Decision rationale: The Chronic Pain Guidelines indicate that a TENS unit is 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. He has improvement in his pain, with rest and acupuncture. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a home TENS unit is not substantiated.