

Case Number:	CM13-0018613		
Date Assigned:	10/11/2013	Date of Injury:	04/25/2006
Decision Date:	01/24/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/30/2013

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 Family Medicine and is licensed to practice in Arizona. 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 04/25/2006. Treating diagnoses include cervical radiculopathy, left shoulder impingement syndrome, and lumbar radiculopathy. An initial physician review notes that as of 06/12/2013, the patient reported low back pain radiating to the lower extremities with reduced cervical and lumbar motion and cervical spasm and also an antalgic gait and straight leg raising of 90 degrees bilaterally. The treating provider requested a TENS unit for 1 year. The physician review notes that the medical records indicated that the patient had used a TENS unit in the past, but there was no indication of quantitative subjective or objective findings demonstrating use. The prior reviewer also noted that there is no documentation to support that this patient had a diagnosis for which a TENS would be indicated. In reviewing the treating physician's pain management progress report of 06/12/2013, the patient reported low back pain with radiation to the lower extremities. The patient was being treated with Norco and Neurontin without side effects. The treating provider reported the patient had used a TENS unit in the past and he was to continue Neurontin and Norco. The treating provider requested authorization for a TENS unit for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for one year period: Upheld

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.

Decision rationale: The MTUS Chronic Pain 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 evidence-based functional restoration" for neuropathic pain or phantom limb pain or complex regional pain syndrome. This patient does have the diagnosis of neuropathic pain given the presence of lumbar radicular symptoms. However, the medical records provided for review do not discuss results of prior TENS usage. Moreover, if the patient did have documented benefit from prior TENS use, then the guidelines would support purchase of a TENS unit but would not support a 1-year rental. Therefore, for these reasons the guidelines for a TENS have not been met. The request for a TENS Unit for a period of 1 year is not medically necessary and appropriate.