

Case Number:	CM13-0021026		
Date Assigned:	12/27/2013	Date of Injury:	05/16/1989
Decision Date:	02/10/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/06/2013

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. 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:

This 59 year-old male sustained an injury on 5/16/1989. The request under consideration include replacement of TENS unit electrodes. The report of 5/2/13 from [REDACTED] noted the patient with significant relief and increased function with the use of medication. The report of 8/9/13 noted complaints of 10/10 pain scale. The exam only had observation that the patient ambulated without assistance. The past treatment included physical therapy, chiropractic, acupuncture, cervical fusion C6-7 in 1990, lumbar intradiskal electrothermal annuloplasty, cervical spine injection in October 2012, TENS and multiple medications include NSAIDs, opiates, muscle relaxants, and anti-convulsants; however, the patient's complaints remain unchanged. The recent lumbar facet injection performed on 7/30/13, reduced pain from 10 to 7/10 for only a few hours. The request for TENS unit was non-certified on 8/15/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of TENS unit electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. It appears the patient has received extensive conservative treatment to include medications, multiple therapy modalities and injections; however, functional status and pain relief remain unchanged. There is no documented short-term or long-term goals of treatment with the TENS unit. Submitted reports have not adequately addressed or demonstrated any functional benefit or pain relief as part of the functional restoration approach to support the request for the Home TENS Unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the physical therapy treatment already rendered. As continued use of TENS unit has failed and is not supported, so are all associated supplies. The replacement of TENS unit electrodes is not medically necessary and appropriate.