

Case Number:	CM13-0031269		
Date Assigned:	12/04/2013	Date of Injury:	01/27/2003
Decision Date:	02/14/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/03/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 53-year-old female who reported a work related injury on 01/27/2003, specific mechanism of injury not stated. The patient subsequently presents for treatment of the following diagnoses, lumbar disc displacement, muscle spasm, somatic dysfunction, lumbar, sacral, pelvic. The most recent clinical note submitted for review is dated 08/08/2013, physical exam findings under the care of [REDACTED]. The provider documents the patient reports in the past TENS unit was helpful; however, it had been several years since the patient had utilized this modality. The patient recalls it assisted with her lumbar spine and bilateral lower extremities pain. Upon physical exam, the patient had tenderness to palpation of the lumbosacral spine overlying the L4, L5, S1 regions. There was tenderness along the pocket site, which was better. The patient's gait was slightly antalgic, with use of a cane. The provider documented the MRI of the lumbar spine was normal, and the Medrol Dosepak provided slight benefit only. The provider recommended more conservative treatment. The provider recommended the patient utilize a TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Criteria for the use of TENS,.

Decision rationale: The Chronic Pain Guidelines indicate that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Clinical documentation submitted for review lacked evidence of a one (1) month trial period of the TENS unit, with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. The clinical notes submitted for review document the patient was recommended to undergo a trial in 08/2013; however, no further clinical notes status post that examination were submitted for review evidencing efficacy of a trial of the TENS units. Therefore, given the above, the request for purchase of a TENS unit is not medically necessary or appropriate.