

Case Number:	CM13-0032798		
Date Assigned:	12/06/2013	Date of Injury:	03/24/2010
Decision Date:	02/13/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/08/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 42 year old woman who sustained a work related injury on March 24 2010. According to a progress note dated on July 10 2013, the patient developed chronic back pain with a severity fro, 4 to 7/10, numbness, tingling and pain in both lower extremities. Physical examination demonstrated lumbar paraspinal tenderness with reduced range of motion. The patient was diagnosed with chronic pain syndrome. The patient was treated with, Naproxen, Prilosec, Flexeril and Terocin cream, physical therapy and acupuncture. The provider requested authorization to use TENS for treatment of the chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes (8 pairs/month) x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no justification for long term use of TENS, as it s

efficacy for long term use is unproven. Therefore, Electrodes (8 pairs/month) x 3 months treatment is not medically necessary.

Batteries (6 AAA/month) x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no justification for long term use of TENS, as its efficacy for long term use is unproven. Therefore, batteries (6 AAA/month) x 3 months treatment is not medically necessary.

GSM TENS unit with HAN programs-purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no justification for long term use of TENS, as its efficacy for long term use is unproven. Therefore, GSM TENS unit with HAN programs-purchase treatment is not medically necessary.