

Case Number:	CM13-0037884		
Date Assigned:	12/18/2013	Date of Injury:	04/03/2008
Decision Date:	02/27/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 68-year-old male with a reported date of injury on 04/03/2008. The patient presented with nerve pain and numbness and in the right leg, constant low back pain, tightness in the low back, difficulty sleeping due to low back pain, foot drop, hypertonicity and tenderness to both sides of the thoracic spine paravertebral muscles, spinous process tenderness on T7, restricted lumbar range of motion, tenderness upon palpation of the lumbar paravertebral muscles on both sides, and spinous process tenderness noted on L4 and L5, T8 and T9. The patient had diagnoses including postlaminectomy syndrome of lumbar region, backache, not otherwise specified, lumbago, lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, and other general symptoms. The physician's treatment plan included a request for a TENS unit rental for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental for 30 day trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The California MTUS guidelines note the use of TENS 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 for patients with; neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. The provider noted a TENS unit was recommended to help control the patient's pain. Within the provided documentation, the requesting physician did not include an adequate, complete assessment of the patient's objective functional condition currently. It was unclear if the TENS unit would be used as an adjunct to a program of evidence based functional restoration. Additionally, it did not appear the patient had a diagnosis that would coincide with the guideline recommendations for a TENS usage. Therefore, the request for TENS unit rental for 30 days is neither medically necessary nor appropriate.