

Case Number:	CM13-0045302		
Date Assigned:	12/27/2013	Date of Injury:	06/24/2008
Decision Date:	04/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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 48 year-old male with a date of injury on 6/24/08. He was struck on the right lower extremity and tossed 10-15 feet from his work truck. The impact resulted in fracture of the right fibula. Subsequently, he was diagnosed with complex regional pain syndrome (CRPS) because of the right foot pain and swelling. He also carries diagnoses of lumbar disc bulges, lumbar facet joint pain and sacroiliac joint pain. He has undergone significant pain management including sympathetic blocks, lumbar radiofrequency ablation and a variety of medications. The treating pain management physician requested transcutaneous electric nerve stimulation (TENS) unit rental for 3 months for low back pain and approval for spinal cord stimulation on 10/28/13. A medical reviewer on 10/31/13 did not certify the need for the TENS unit rental, based on the evidence guidelines as stated in pages 2-4 in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for localized pain relief to the lumbar spine, rental for three months.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GUIDELINES, TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, TRANSCUTANEOUS STIMULATION Page(s): 114-116. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: Transcutaneous electric nerve stimulation (TENS) unit is not recommended as the primary treatment modality, but a one month home based trial may be considered as an adjunct to program of evidence-based functional restoration. It is not indicated for back pain. It is indicated for complex regional pain syndrome (CRPS) 2 and neuropathic pain. The results of studies in the literature are inconclusive. The published trials do not provide information on the stimulation parameters and the evidence is lacking concerning effectiveness.