

Case Number:	CM13-0047357		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2011
Decision Date:	02/26/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/01/2013

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 & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Illinois 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 49-year-old who reported an injury on 06/07/2011. The mechanism of injury was noted to be a trip and fall. The diagnoses are listed as chronic intractable low back pain secondary to lumbosacral degenerative disc disease, failed back syndrome, neuropathic pain, chronic pain syndrome, depression, and anxiety. The recommendation was made for a purchase of a home TENS (transcutaneous electric nerve stimulation) unit for the patient. It was noted that she would use this daily for at least 1 hour. This request is noted to be due to the patient's persistent pain and failure of other treatment options.

IMR ISSUES, DECISIONS AND RATIONALES

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

A home TENS (transcutaneous electric nerve stimulation) unit: 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 Page(s): 114-116.

Decision rationale: According to the on Chronic Pain Medical Treatment Guidelines, a TENS unit is not recommended as a primary treatment modality, but a 1 month home-based TENS trial

may be considered as an adjunct to a program of evidence based functional restoration for the treatment of diabetic neuropathy, postherpetic neuralgia, phantom limb pain, CRPS, spasticity, or multiple sclerosis. The criteria for purchase of a TENS unit include that a 1 month trial period of a TENS unit should be documented, including how often the unit was used, as well as outcomes in terms of pain relief and function. The clinical information provided for review failed to show that the patient has a diagnosis of diabetic neuropathy, postherpetic neuralgia, phantom limb pain, CRPS, spasticity, or multiple sclerosis, which are the indications listed by the guidelines for use of a TENS unit. Additionally, there is no documentation of a 1 month trial period with a TENS unit, including the patient's use and outcome. In the absence of this documentation, the request is not supported. The request for a home TENS unit is not medically necessary or appropriate.