MAXIMUS Federal Services

Case Number:	CM13-0054498		
Date Assigned:	04/11/2014	Date of Injury:	02/10/2010
Decision Date:	05/09/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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, has a subspecialty in Interventional Spine 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 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 45 year old male with an injury date on 02/10/10. Based on the 11/06/13 progress report provided by [redacted]., the patient's diagnosis include lumbago, sciatica, thoracic or lumbosacral neuritis or radiculitis (unspecified location), and osteoarthrosis (unspecified location).[redacted] is requesting a home transcutaneous electrical nerves stimulation (TENS) unit device. The utilization review determination being challenged in 11/30/13 and recommends denial of the TENS unit. [redacted] is the requesting provider, and he provided treatment reports from 10/14/13- 04/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF HOME TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) UNIT DEVICE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114.

Decision rationale: According to the 11/06/13 progress report by [redacted], the patient presents with lumbago, sciatica, thoracic or lumbosacral neuritis or radiculitis (unspecified location), and osteoarthrosis (unspecified location). The request is for a home transcutaneous electrical nerves stimulator (TENS) unit. The patient began a one month trial of the TENS unit on 11/12/13. There is no documentation of objective improvement, including decreased pain scores, decreased pain medication use, or increased function with prior TENS unit to support the need for a home unit at this time. The request was denied by utilization review letter dated 11/30/13. MTUS guidelines page 116 states "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." In this case, there is no indication of any improvement, the frequency, or duration of the use of the TENS unit. There is lack of documentation of the impact the TENS unit had on the patient during his one month trial. Recommendation is for denial.