

Case Number:	CM13-0060293		
Date Assigned:	12/30/2013	Date of Injury:	05/31/2010
Decision Date:	04/03/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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 is licensed to practice in 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 female who reported an injury on 05/31/2010. The mechanism of injury was pulling. She was initially prescribed medication and activity modification, but subsequently began to experience numbness in the right leg. She received an initial course of physical therapy with temporary benefit, and acupuncture. She also received an epidural steroid injection at L2-3, without relief, and at L5, with good relief. In 2012, the patient was referred for lower back surgery; however, she was not ready to proceed at that time. The patient received an EMG/NCV study of the bilateral lower extremities in 11/2012 that revealed evidence of a right L3 and/or L2 radiculopathy, with no evidence of generalized peripheral neuropathy. The patient has been utilizing a TENS unit for an unknown duration of time; however, the medical records submitted first refer to the unit in 03/2013. Throughout the subsequent clinical notes, it is reported that the patient receives mild relief with the TENS unit, but does not indicate how often or for how long, the patient performs this therapy. The patient continues to use pain medications to keep her symptoms at bay, and is presently working part time. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Section Page(s): 116.

Decision rationale: The California MTUS/ACOEM Guidelines recommend transcutaneous electric nerve stimulation if used as an adjunct to a program of evidence based functional restoration. In addition, there are certain conditions that warrant the use of a TENS, to include neuropathic pain, phantom limb pain and CRPS II, spasticity, and multiple sclerosis. If the patient experiences symptoms related to any of the previously mentioned conditions, a 30 day home-based trial of TENS should be initiated. If this 30 day trial is proven effective, a home unit may be purchased and ongoing pain treatment should be documented, including how often the unit was used, its outcomes in terms of pain relief and function, and ability to decrease use of other pain medications. The most recent clinical information submitted for review was dated 11/05/2013 and provided no evidence that the patient was experiencing muscle spasms. As the EMG confirmed the absence of neuropathy and the clinical notes do not provide evidence of the TENS unit's efficacy, there is no indication to continue this therapy. As such, the request for the purchase of TENS Unit and supplies is non-certified.