

Case Number:	CM13-0063011		
Date Assigned:	12/30/2013	Date of Injury:	05/10/1999
Decision Date:	04/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

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 Illinois. 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 67-year-old who reported an injury on 05/10/1999. The mechanism of injury was not submitted. The patient was diagnosed with chronic pain; failed back syndrome; lumbar radiculopathy; status post lumbar fusion; insomnia; status post spinal cord stimulator implantation. The patient has been treated with Toradol injections, acupuncture, and a TENS (transcutaneous electrical nerve stimulation) unit. The patient rated her pain at 5/10 with medications and 9/10 without medications. The patient complained of low back pain with radiating pain into the bilateral lower extremities. The patient reported the pain increases with activity and walking. The patient reported the pain had worsened since her last visit. The patient reported limitations with activities of daily living that include self-care and hygiene in addition to activity, ambulation, sleep, and sex. The physical examination of the lumbar spine revealed tenderness to palpation at the vertebral area of L4-S1. The patient had moderately limited range of motion secondary to pain. The patient reported an inability to use the TENS unit which was found helpful. The patient did not have any electrode patches. The patient continued to use her spinal cord stimulator daily. The patient's medications included Soma, Lortab, Vicodin, Protonix, vitamin D, Senokot, and Ambien. The patient was also prescribed tizanidine. A request was made for TENS unit patches, a six months' supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PURCHASE OF A SIX MONTH SUPPLY OF TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT PATCHES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section, and Chronic Pain Section Page(s): 114-116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states a one month trial period of a 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 period. The Guidelines also state a treatment plan including the specific short-term and long-term goals of treatment with a TENS unit should be submitted. The Guidelines do not recommend a TENS unit as a primary treatment modality. Other ongoing pain treatment should also be documented during the trial period including medication usage. The patient complained of low back pain with bilateral lower extremities pain. However, the documentation submitted for review does not show evidence of how often the unit was used, pain relief, or functional improvement. The request for the purchase of a six month supply of TENS unit patches is not medically necessary or appropriate.