

Case Number:	CM13-0064240		
Date Assigned:	01/03/2014	Date of Injury:	07/13/2010
Decision Date:	04/03/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/11/2013

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 has a subspecialty in Pain Management 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 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:

This is a male patient with a date of injury of July 13, 2010. A utilization review determination dated November 21, 2013 recommends noncertification of transcutaneous electrical nerve stimulation. A progress report dated October 17, 2013 identifies subjective complaints of low back pain rated as 7/10 which radiates into the legs. Physical examination identifies positive straight leg raise bilaterally at 50° with motor weakness and decreased sensation in the bilateral S1 nerve root distribution. Diagnoses include lumbar discogenic disease, lumbar radiculopathy, and chronic low back pain. The treatment plan recommends and exercise program, Anaprox, Prilosec, Norco, and Colace. A TENS/EMS unit is recommended for chronic pain. The note states "she has used it before and it has helped." A request for authorization dated October 15, 2013 recommends a prime dual TENS/EMS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Transcutaneous Electric Nerve Stimulation Unit: 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 (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial (including frequency of use, duration of trial, analgesic benefit, objective improvement, and reduction in medication use), and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it appears that the requested device is a multiple modality device which also performs EMS. It is unclear what this second mode of action might be intended to treat, and why it would be necessary in addition to TENS. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.