

Case Number:	CM13-0066486		
Date Assigned:	01/03/2014	Date of Injury:	08/30/2012
Decision Date:	04/30/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine 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 has submitted a claim for sprain of the entire back with an associated industrial injury date of August 30, 2012. Treatment to date has included physical therapy, medications, lumbar support, and 4 sessions of acupuncture. Medical records from 2013 were reviewed showing the patient continues to have low back pain despite participating in physical therapy and acupuncture. There was a noted transient relief with a TENS unit during physical therapy. The patient continues to clean houses as a second job. Physical exam demonstrated fairly full range of motion for the low back with pain on the right portion where the lateral flexion and rotation in both directions. Motor and sensory examinations for the lower extremities were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A TENS 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 TENS Page(s): 114-116.

Decision rationale: As stated in the California MTUS chronic pain medical treatment guidelines, a one-month home-based TENS trial may be considered as a noninvasive

conservative option with a rental being preferred over a purchase during this trial. CA MTUS chronic pain medical treatment guidelines go on to state that a one month TENS trial may be appropriate for neuropathic pain and CRPS type II and CRPS type I, with some evidence to support its use. TENS may be a supplement in the management of spasticity with spinal cord injury; or pain and muscle spasm in MS patients. However, in this case, the request is for a purchase of a TENS unit. While the patient has apparently used a TENS unit in physical therapy, a formal TENS trial was not documented with assessment of objective functional outcome with TENS therapy. The patient is also not diagnosed with any of the indications for which TENS would be recommended per CA MTUS criteria. There is no evidence that the patient's pain is neuropathic, and physical exam findings and history do not suggest CRPS I or II. The patient does not have a spinal cord injury. Therefore, the request for a purchase of a TENS unit was not medically necessary.