

Case Number:	CM13-0070837		
Date Assigned:	01/08/2014	Date of Injury:	11/10/2010
Decision Date:	06/16/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	12/26/2013

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 is an employee of [REDACTED] and has submitted a claim for cervical and lumbar spine strain/sprain associated with an industrial injury date of November 10, 2010. Treatment to date has included physical therapy, and medications such as Naproxen, omeprazole, Tylenol, ketoprofen, and Flector patch. Medical records from 2012 to 2013 were reviewed showing that patient complained of back pain and weakness of lower extremities. This resulted to difficulty in prolonged walking resulting to episodes of fall. Physical examination of the lumbar spine revealed stiffness and muscle spasm. Tenderness was present over the SI joint. Utilization review from December 13, 2013 denied the request for durable medical equipment due to lack of documentation regarding response to conservative treatment, such as physical therapy. There were no established medical necessity, clinical utility, and anticipated potential benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A HOME TENS UNIT FOR THE MANAGEMENT OF CHRONIC PAIN: Upheld

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

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

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are 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. Moreover, as stated in page 116, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, patient has persistent back pain and weakness of lower extremities resulting to episodes of fall. Symptoms persisted despite physical therapy and multiple oral and topical medications. A therapeutic trial of TENS for one month may be necessary, however, it is unclear why a rental cannot suffice at this time. Furthermore, there was no documentation submitted regarding specific goals that should be achieved with the use of TENS. The guideline criteria have not been met. Therefore, the request for purchase of a home tens unit for the management of chronic pain is not medically necessary.