

Case Number:	CM13-0072176		
Date Assigned:	01/24/2014	Date of Injury:	10/01/2012
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 a 58-year-old male who has submitted a claim for lumbosacral spondylosis associated with an industrial injury date of October 1, 2012. The patient complains of neck pain radiating to the bilateral shoulders and lumbar pain radiating to the bilateral feet. Physical examination of the cervical spine showed stiffness, spasm and limitation of motion with radiation of pain to the bilateral shoulders; while physical examination of the lumbar spine revealed stiffness, spasm, and a positive straight leg raise test radiating to the bilateral feet. The diagnoses include cervical spinal stenosis and lumbosacral spondylosis. Treatment plan includes a request for a TENS unit for the cervical and lumbar spine since February 2013. However, there was no documentation of the patient's response to the treatment. Treatment to date has included oral and topical analgesics, muscle relaxants, TENS, chiropractic therapy and physical therapy. Utilization review from December 19, 2013 denied the request for a TENS unit because there was no clear documentation of trial and failure of other appropriate modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT (TENS UNIT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 116

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page(s) 114-116. Page(s): 114-116. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable medical equipment (DME).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that 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. Criteria for the use of TENS unit include chronic intractable pain, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The Official Disability Guidelines (ODG) recommends durable medical equipment if there is a medical need, and if the device or system meets Medicare's definition. The term DME is defined as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in a patient's home. In this case, the patient has received treatment using a TENS unit; however, there was no documentation of the treatment response. There was also no discussion regarding the specific goals of therapy with the TENS unit. Moreover, the medical records failed to provide evidence of failure of other treatment modalities. In addition, the request did not specify whether the requested unit is for rental or purchase. The guideline recommends a one-month trial rather than purchase initially. Therefore, the request for durable medical equipment (TENS unit) is not medically necessary and appropriate.