

Case Number:	CM14-0009193		
Date Assigned:	02/14/2014	Date of Injury:	10/05/2012
Decision Date:	10/15/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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, has a subspecialty in Interventional Spine 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 31-year-old male with a date of injury of 10/05/2012. The listed diagnosis per [REDACTED] is lumbar disk displacement without myelopathy. According to progress report 10/18/2013, the patient presents with continued low back pain. The patient has reported some reduction in pain with physical therapy. Examination of the lumbar spine revealed muscle spasms and guarding. The treater states patient continues to have occasional radiation of pain down the posterior aspect of his leg particularly his left lower extremity. The treater is requesting supplies for his TENS unit. Utilization review denied the request for TENS unit supplies on 01/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrotherapy nerve stimulator (TENS): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient presents with continued low back pain. The request is for TENS unit supplies. Per MTUS 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a 1-month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. A progress report from 07/16/2013 indicates the patient is utilizing a TENS unit at home which is "working reasonably well for him." The patient meets the criteria for a TENS unit and treater states the unit has been working reasonably well. The requested supplies may be reasonable, including pads, wires and batteries. Recommendation is for authorization.