

Case Number:	CM14-0009940		
Date Assigned:	02/21/2014	Date of Injury:	05/18/2011
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 Pain Management, and is licensed to practice in Texas and Ohio. 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 injured worker is a 49-year-old with a reported date of injury on May 18, 2011. The mechanism of injury was a motor vehicle accident. The progress note dated August 28, 2013 reported the injured worker underwent a posterior L5-S1 fusion. The progress note dated August 26, 2013 reported a vague reference to suggest physical therapy to the neck and shoulder, however it does not state if the injured worker underwent physical therapy for the neck and shoulders. The progress note dated January 30, 2014 listed the diagnoses as lumbar herniated disc and cervical herniated disc. The progress note reported the injured worker was status post anterior and posterior lumbar fusion and his back was doing well but his neck was bothering him quite a bit. The progress note indicated the injured worker's medication regimen included Ultram ER 150mg, Norco 2.5/325 mg, Menthoderm gel 120gm, Flexeril 7.5mg, and Protonix 20mg. The request for authorization form was not submitted within the medical records. The request was for a purchase of Transcutaneous Electrical Nerve Stimulator (TENS) unit; however, the provider's rationale was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) UNIT.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , CRITERIA FOR USE OF TENS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Transcutaneous Electrotherapy, Page(s): 114-116.

Decision rationale: The progress note indicated the injured worker was using a TENS unit. The Chronic Pain Medical Treatment Guidelines notes that a TENS is not recommend 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. The guidlines recommend a home based treatment trial of 1 month may be appropriate for neuropathic pain and complex regional pain syndrome. There is a lack of documentation indicating the injured worker has undergone an adequate course of conservative care prior to the request for a TENS unit. Within the provided documentation it was not indicated whether the injured worker would be utilizing the TENS unit as an adjunct to an evidence based program of functional restoration. Additionally, within the provided documentation it was not indicated whether the injured worker underwent a one month homebased TENS trial with documented efficacy. The request for the purchase of a TENS unit is not medically necessary or appropriate.