MAXIMUS Federal Services

Case Number:	CM14-0101372		
Date Assigned:	09/16/2014	Date of Injury:	03/01/2006
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

This 60-year-old female injured worker has a date of injury of March 1, 2006. She has bilateral low back pain and spasms with lower extremity radiation, weakness and numbness. She has failed physical therapy, 3 lumbar epidural steroid injections, lidocaine patch, and non-steroidal anti-inflammatories for pain relief. She is tender in the lower back area.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: A transcutaneous electrical nerve stimulation/ electrical muscle stimulation unit purchase/rental is not medically necessary/appropriate. Per Chronic Pain Medical Treatment Guidelines, a one-month home-based transcutaneous electrical nerve stimulation trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for the conditions described below. While transcutaneous electrical nerve stimulation may reflect the long-standing accepted standard of care within many medical

communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness (Carroll-Cochrane, 2001). Several published evidence-based assessments of transcutaneous electrical nerve stimulation have found that evidence is lacking concerning effectiveness. There are several criteria for the authorization and use of transcutaneous electrical nerve stimulation: The injured worker has chronic intractable pain (for the conditions noted above) of at least three months duration and she has failed other appropriate pain modalities have been tried, including medication. However, medical documentation does not show a one-month trial period of the transcutaneous electrical nerve stimulation unit as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and other ongoing pain treatment during the trial period, including medication usage or a treatment plan including the specific short- and long-term goals of treatment with the transcutaneous electrical nerve stimulation unit. Therefore the request is not medically necessary.