

Case Number:	CM14-0102066		
Date Assigned:	09/24/2014	Date of Injury:	06/07/2013
Decision Date:	11/14/2014	UR Denial Date:	06/23/2014
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 Physical Medicine & 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:

This is a patient with a date of injury of June 7, 2013. A utilization review determination dated June 23, 2014 recommends noncertification for a tens unit. A progress report dated June 5, 2014 identifies subjective complaints indicating that the patient recently underwent an epidural steroid injection which was not beneficial. The patient's pain management specialist then recommended surgical intervention. Current complaints include constant pain in the upper and lower back. The low back pain radiates into the lower extremities. Objective examination findings revealed tenderness to palpation over the lumbar spine with pain upon range of motion testing. Diagnoses include lumbar spine herniated disc, lumbar spine radiculitis, lumbar spine spondylosis, lumbar spine disc protrusion, and lumbar spine disc space narrowing. The treatment plan recommends continuing the current medications, follow up with the pain management specialist, request an MRI of the lumbar spine, and request a 30 day tens unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Stimulation (TENS) unit for 30 days: Upheld

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

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

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented 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. Within the documentation available for review, there is no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach, such as physical therapy or a home exercise program. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.