

Case Number:	CM14-0105263		
Date Assigned:	07/30/2014	Date of Injury:	08/24/1998
Decision Date:	09/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/08/2014

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 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:

The injured worker is a 56 year-old female who reported an injury on 08/24/1998. The mechanism of injury was not provided. The diagnoses included lumbar spinal stenosis, lumbar disc degeneration, post laminectomy syndrome of lumbar region, sacroilitis, and myofascial pain syndrome. Past treatments included pain medication, physical therapy, independent exercise, tens unit therapy, sacroiliac injections and heat/ice compression. The diagnostic studies included a three view radiological examination/fluoroscopy of the sacroiliac for purposes of administering sacroiliac injections on 03/17/2014 and on 03/31/2014. The injured worker underwent a laminectomy of the lumbar region on an unspecified date. Per a 04/16/2014 clinical note, the injured worker complained of burning, aching low back pain that radiated down into the hips bilaterally, and she rated her pain level at 8/10. It was noted that she reported relief of her pain with use of medication, TENS therapy, injection therapy, heat and ice. Medications included Mobic, Lidoderm patches, and Tramadol. The treatment plan was for pain medications, monitoring for response to sacroiliac injections to determine future injections, and tens unit therapy. A prescription was written for tens unit supplies, specifically for pads. The rationale for the request and the authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Supplies - pads for 1 year: 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.

Decision rationale: The request for tens unit supplies is not medically necessary. The California MTUS Guidelines state that tens therapy is not recommended as a primary treatment modality but may be supported if used as an adjunct to a program of evidence-based functional restoration. The injured worker was noted to be participating in independent exercise and using tens unit therapy at home. It was noted within the medical record that the injured worker had some pain relief with TENS therapy, but there was no documentation of numeric pain scales before and after treatment to support significant pain relief. Additionally, there was no documentation showing that her physical function was improved with the use of TENS unit therapy. In the absence of documentation of significant pain relief and functional gains made with TENS treatment, continued use and supplies are not supported. As such, the request is not medically necessary.