

Case Number:	CM14-0018071		
Date Assigned:	04/16/2014	Date of Injury:	02/03/2012
Decision Date:	06/03/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 63 year old female who reported an injury on 02/03/2013 secondary to unknown mechanism of injury. The diagnoses are lumbar degenerative disc disease, lumbar sprain and lumbar radiculopathy. The injured worker was initially evaluated and a TENS unit was recommended on 06/20/2013 for reports of 4-6/10 pain. The injured worker was evaluated on 04/23/2014 for continued medical management of chronic pain. The injured worker reported deep, achy, throbbing and sharp low back pain. The injured worker also noted the TENS unit allowed pain to decrease to 3/10 from 5/10. The treatment plan includes continued medications, lumbar support cushion, home exercise program, TENS unit and ice and heat. The request for authorization and rationale were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation), Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: The request for TENS unit purchase is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state that 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. There must be documentation of 3 months duration of pain, other appropriate modalities have been tried and failed, the one-month trial should be documented with how often the unit was used as well as the outcome of the use, presence of a treatment plan with short and long-term goals of the TENS treatment. There is documentation of three months duration of pain and use of pain medications; however, there is no evidence of the frequency of use and efficacy during the trial period or a TENS treatment plan. Based on the documentation provided, the request is not medically necessary.