

Case Number:	CM14-0019079		
Date Assigned:	05/07/2014	Date of Injury:	06/03/1994
Decision Date:	07/09/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 45 year-old patient sustained an injury on 6/3/1994 while employed by [REDACTED]. Request under consideration include tens unit purchase and 3 months of tens unit supplies: electrode packs, qty 6, 9 volt batteries qty 6, Adhesive remove qty 24, tt/ss leadwire. Diagnoses include discogenic low back pain. Report of 9/26/13 from the provider noted the patient with chronic low back pain symptoms. Exam of the lumbar spine showed slight tenderness over the lower lumbar paravertebral musculature; range of motion limited with flex/ext/lateral bending of 70/10/30 degrees; motor strength in the lower extremities are intact. Medications list zanaflex and dendracin lotion with refills. Report of 10/30/13 from the provider noted the patient had chronic low back pain with request for indefinite use of the tens unit as an adjunct for chronic pain management every 3 months. The request for tens and accessories were non-certified on 1/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PURCHASE AND 3 MONTHS OF TENS UNIT SUPPLIES: ELCTRODE PACKS, QTY 6, 9 VOLT BATTERIES QTY 6, ADHESIVE REMOVE QTY 24, TT/SS LEADWIRE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTROTHERAPY (TENS) FOR CHRONIC PAIN Page(s): 114-117.

Decision rationale: According to the MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the employee has received extensive conservative medical treatment to include chronic pain analgesics and other medication, extensive physical therapy, activity modifications, yet the employee has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the employee has utilized the TENS unit for several months, there is no evidence for change in functional status, increase in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated supplies are not medically necessary. The TENS Unit Purchase and 3 Months of TENS Unit Supplies: Electrode Packs, QTY 6, 9 Volt Batteries, QTY 6, Adhesive Remove QTY 24, TT/SS Leadwire are not medically necessary and appropriate.