

Case Number:	CM14-0111211		
Date Assigned:	08/01/2014	Date of Injury:	04/29/2003
Decision Date:	09/04/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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 49-year-old female with a reported date of injury on 04/29/2003. The injury was reportedly caused from lifting boxes. The injured worker's diagnoses included sprain/strain of the lumbar spine, back muscle spasms, and lumbar disc displacement. Previous conservative care included physical therapy, injections, the use of a TENS unit, and activity modification. The injured worker presented with normal gait, full weight bearing on both lower extremities. There was no weakness noted of the lower extremities. The patient rated her pain at 0/10. Sensation was intact to light touch and pinprick in all dermatomes and the straight leg raising was negative and the injured worker presented with full range of motion. In addition, the clinical information indicated the injured worker returned to work on full duty without restrictions. The injured worker's medication regimen and treatment plan were not provided within the documentation available for review. The TENS unit was requested due to the previous unit being broken. The Request for Authorization for TENS unit was submitted on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (transcutaneous electrical nerve stimulation) Page(s): 114, 116.

Decision rationale: The California MTUS Guidelines recommend transcutaneous electrotherapy as the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 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. The criteria for use of the TENS unit includes documentation of pain of at least 3 months duration; a 1 month trial period of the TENS unit 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; rental would be preferred over purchase during this trial. Other ongoing pain treatments should be documented during the trial period including medication usage. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. The clinical information provided for review, lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a pain scale. In addition, there is a lack of documentation related to how often the unit was used, as well as outcomes in terms of pain relief and function. The clinical information indicates that the injured worker rates her pain at 0/10. In addition, the request as submitted failed to provide specific site and directions for use for the TENS unit. Therefore, the request for TENS unit is not medically necessary.