

Case Number:	CM14-0111780		
Date Assigned:	09/16/2014	Date of Injury:	02/10/1999
Decision Date:	10/15/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain Management 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 case involves a 52 year old female injured worker with date of injury 2/10/99 with related neck, arm, leg, and back pain. Per progress report dated 5/28/14, the injured worker reported worsening neck and back pain. She reported that her leg and arm pain were roughly the same as the last month. She reported feeling tightness around her shoulders. She rated her pain 7/10 in intensity, 5/10 with medications. Cervical CT scan dated 2/27/07, revealed degenerative disc disease at C5-C6, C6-C7, C7-T1 and mild loss of lordotic curve. Lumbar CT scan dated 2/27/07, revealed mild disc bulging of L5-S1, slight deformity pars interarticularis at L4-L5 on the right with associated degenerative arthrosis of facet joint. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included injections, TENS unit, and medication management. The date of UR decision was 6/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of a TENS unit with batteries, patches and all supplies needed for 6 months of use, outpatient, for chronic lumbar pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. Per progress note dated 3/17/14, it is noted that the injured worker previously had a TENS unit which was able to reduce pain when exacerbated from 8-9/10 down to 6-7/10 and reduced the need for medications to treat exacerbations. However, no specific documentation was recorded stating how often the unit was used, or what functional improvements were achieved. As such, this request is not medically necessary.