

Case Number:	CM14-0119819		
Date Assigned:	08/06/2014	Date of Injury:	06/16/1994
Decision Date:	09/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/28/2014

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 and 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 77-year-old male, who reported an injury on 06/16/1994 due to an unknown mechanism. Diagnosis was chronic lower back pain after solid fusion. Past treatments were acupuncture, massage, physical therapy, and the use of a lumbar corset. Diagnostic studies were x-rays that revealed evidence of a fusion from L2-S1 with retained segmental hardware. Surgical history was a lumbar fusion of the L2-S1. Physical examination on 05/14/2014 revealed complaints of pain across the back. There were also complaints of left lower back pain. Examination findings were the injured worker could stand and walk. He was stiff, as would be expected after lumbar fusion. Examination findings on 06/25/2014 revealed increasing back pain with forward bend and negative straight leg raise. Motor testing was normal. The injured worker had a sacroiliac joint injection that day. Medications were not reported. The treatment plan was for a TENS unit to keep at home. The injured worker had treatments with physical therapy and found it helpful. The Request For Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS (Trancutaneous Electrical Nerve Stimulation) Unit and Supplies:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ENS, , NMES,, Interferential Current Stimulation Page(s): 118, 114, 121.

Decision rationale: The purchase of a TENS (transcutaneous electrical nerve stimulation unit and supplies) is not medically necessary. The California Medical Treatment Utilization Schedule recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices), as there is no evidence to support its use in chronic pain. They do not recommend interferential current stimulation (ICS) as an isolated intervention. The medical guidelines recommend a 1 month trial of a TENS unit with documentation of functional improvement. The request for purchase of a TENS unit is medically not necessary.