

Case Number:	CM14-0136531		
Date Assigned:	09/03/2014	Date of Injury:	10/11/2012
Decision Date:	09/25/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 73 year old with a work injury dated 10/11/12. The diagnoses include residual low back pain superimposed on degenerative arthrosis of L4-5 and L5-S1; status post kidney replacement secondary to residuals of diabetes. Under consideration is a request for prime dual stimulator TENS unit. There is a primary treating physician report dated 10/21/13 that states that she ambulates with slight limp on her right leg, and is tender over L5-S1 on pressure over the sciatic notch with radicular pain down her legs. X-rays revealed degenerative disc facet disease L5 with disc narrowing. She's been treated with acupuncture and physical therapy but no epidurals due to kidney disease. She has been working. The treatment plan includes follow up in 6 weeks since no further treatment can be performed. She can continue to work as a parking attendant and cashier.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Dual stimulator TENS unit: Upheld

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

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

Decision rationale: Prime Dual Stimulator TENS unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The request does not indicate that this is for a rental or indicates duration of use. The guidelines state that a one-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 time. The documentation submitted does not reveal the documentation of use and outcomes recommended prior to having a home TENS unit. MTUS guidelines recommend TENS "as an adjunct to a program of evidence-based functional restoration." Additionally, there should be "a treatment plan including the specific short- and long-term goals of treatment with the TENS unit " documented. The above documentation does not submit evidence of a treatment plan. The request for Prime Dual Stimulator TENS unit is not medically necessary.