

Case Number:	CM14-0146984		
Date Assigned:	09/15/2014	Date of Injury:	09/21/2007
Decision Date:	11/07/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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 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:

According to the records made available for review, this is a 51-year-old female with a 9/21/07 date of injury. At the time (8/27/14) of the Decision for TENS extension/purchase of TENS supplies, there is documentation of subjective (constant low back pain radiating to the right lower extremity and into the foot) and objective (tenderness in the bilateral paravertebral musculature from L4-S1, decreased lumbar range of motion, positive facet signs from L4-S1, decreased strength of the extensor muscles of the L4-S1 myotomes, and positive straight leg raise bilaterally) findings, current diagnoses (lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculitis, and lumbar herniated disc), and treatment to date (daily use of TENS unit during trial with decreased pain, improved function, and a reduction of pain medication; medications, and home exercise program). Medical reports identify a request to continue home exercise program and medications, trial of acupuncture therapy, and convert rental to purchase of TENS unit with 3 month supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS EXTENSION/PURCHASE OF TENS SUPPLIES: 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 electrical nerve stimulation (TENS), Page(s): page(s) 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of lumbar disc degeneration, lumbar facet arthropathy, lumbar radiculitis, and lumbar herniated disc. In addition, there is documentation of a TENS unit trial. Furthermore, given documentation of daily use of TENS unit during trial with decreased pain, improved function, and a reduction of pain medication, there is documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). However, the requested TENS extension/purchase exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for TENS extension/purchase of TENS supplies is not medically necessary.