MAXIMUS Federal Services

Case Number:	CM14-0153027		
Date Assigned:	09/23/2014	Date of Injury:	06/23/2009
Decision Date:	10/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/19/2014

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 Interventional Spine 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:

The patient is a 53 year old male with an injury date of 06/23/09. Based on the 08/06/14 progress report provided by [redacted] the patient complains of low back pain. Patient's gait is slightly antalgic. Physical examination to the lumbar spine reveals exquisite tenderness to palpation at L4-L5. Range of motion is decreased and painful, especially on flexion 25 degrees and extension 15 degrees. Straight leg raising is positive at 25 degrees from the seated position. Patient medications include Norco and Xanax. The diagnoses on 08/06/14 were low back pain; depression; insomnia; weight gain; sexual insufficiency; anxiety/stress; and lumbar degenerative disease. [redacted] is requesting TENS unit (transcutaneous electrical nerve stimulation). The utilization review determination being challenged is dated 09/04/14. The rationale is "purchase vs. rental not specified." [redacted] is the requesting provider, and he provided treatment reports from 01/06/14 - 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (transcutaneous electrical nerve stimulation): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The patient presents with low back pain and slightly antalgic gait. The request is for TENS unit (transcutaneous electrical nerve stimulation). His diagnosis dated 08/06/14 includes low back pain and lumbar degenerative disease. The provider has not specified whether the request is for rental or purchase. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (page 116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." And "a treatment plan including the short- and long term goals of treatment with the TENS unit should be submitted." Documentation regarding use and outcomes of TENS during a one-month trial period, as required by MTUS guidelines has not been submitted. Nor has a treatment plan with short- and long-term goals been mentioned in the request. Therefore, this request is not medically necessary.