

Case Number:	CM14-0155446		
Date Assigned:	09/24/2014	Date of Injury:	01/05/2012
Decision Date:	10/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 44-year-old male with a reported date of injury on 01/05/2012. The mechanism of injury was not listed in the records. The injured worker's diagnoses included low back pain, lumbar facet syndrome, and lumbar radiculopathy. The injured worker's past treatments included pain medication and a TENS unit. There was no diagnostic imaging provided for review. There was no surgical history noted in the records. The subjective complaints on 09/12/2014 included back pain that radiated down the back of his left leg. The patient rated the pain with medications 4/10 and without medications 5/10. The physical examination of the lumbar spine noted restricted range of motion with flexion, limited by pain. There was also tenderness to palpation to the paravertebral muscles with spasms. The injured worker's medications included naproxen. The treatment plan was to continue the medications and to order a 30 day trial of a TENS unit. This note states that an order has been filed for a 30 day trial. However, the request received is for the purchase of a TENS unit. A request was received for durable medical equipment TENS (transcutaneous electrical nerve stimulation) unit purchase. The rationale for the request was to decrease the patient's low back pain. The authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS (Transcutaneous Electrical Nerve Stimulation) UnitPurchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The request for DME: TENS (Transcutaneous Electrical Nerve Stimulation) Unit is not medically necessary. The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. The guidelines also state that the 1 month trial period of the TENS unit should document how often the unit was used, as well as the outcomes in terms of pain relief and function. The injured worker has chronic low back pain. There is no evidence in the notes that the injured worker had the TENS unit for a 30 day trial. Additionally, there is no evidence in the documentation in regards to how often the unit was used, and the outcomes in terms of pain relief and function. As there is no evidence in the documentation in regards to how often the unit was used or the outcomes in terms of pain and function, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.