

Case Number:	CM14-0156420		
Date Assigned:	09/25/2014	Date of Injury:	12/30/2013
Decision Date:	12/16/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/24/2014

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 Family Medicine and is licensed to practice in Texas and 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:

This is a 21-year-old male with a 12/30/13 date of injury. According to a progress report dated 9/9/14, the patient had a TENS trial on the low back for 15 minutes. He tolerated it well, pain was decreased to 6-7/10, muscles were more relaxed, and there was a slight increase in range of motion. He stated that his low back pain radiated to his bilateral lower extremities with numbness/tingling to the feet. Objective findings: none noted. Diagnostic impression: lumbosacral or thoracic neuritis or radiculitis, lumbar sprain/strain, myofascial pain, status post left inguinal hernia 3/2014. Treatment to date: medication management, activity modification, home exercise program, chiropractic treatment. A UR decision dated 9/19/14 denied the request for TENS unit. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 9/9/2014) for TENS Unit for home use for the lumbar spine (purchased): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 116.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, in the present case, there is no documentation in the reports reviewed addressing any failure of conservative therapy, such as medications. Although it is noted that the patient has had an in-office TENS trial on the low back for 15 minutes which benefitted him, there is no documentation that the patient has had a one month trial of the TENS unit and whether or not the outcome showed functional improvement. In addition, there is no documentation that the TENS unit requested would be used as an adjunct to a program of evidence-based functional restoration. Therefore, the request for retrospective request (DOS 9/9/2014) for TENS Unit for home use for the lumbar spine (purchased) was not medically necessary.