

Case Number:	CM14-0156924		
Date Assigned:	09/29/2014	Date of Injury:	08/07/2001
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 and Pain Management, 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 58 year old male with an injury date of 08/07/01. Based on the 08/20/14 progress report provided by [REDACTED] the patient complains of neck pain that radiates to left arm and back pain that radiates to left leg. Physical exam to the cervical spine reveals decreased range of motion in all planes. Examination to the lumbar spine reveals normal reflexes and Straight leg raise is positive on the left. Treater states that patient needs Tens to reduce pain level. Progress report dated 06/18/14 states that patient has not yet received replacement Tens unit. He states that Tens unit effectively reduces neck and back pain. Prescription for Tens dated 07/14/14 states patient already owned a Tens unit and requests replacement for chronic pain electrotherapy purchase. Progress report dated 07/18/14 mentions Tens unit in treatment plan. Diagnosis 08/20/14- degenerative disc disease/degenerative joint disease cervical spine- degenerative disc disease/degenerative joint disease lumbar spine Operative Reports- Interlaminar epidural block to C5 for Diagnosis of radiculitis and spinal stenosis on 02/19/14- Interlaminar epidural block to C5 for Diagnosis of radiculitis and spinal stenosis on 05/14/14- Transforaminal epidural block at right and left L5 and S1 for Diagnosis of radiculitis on 05/28/14 [REDACTED] is requesting Tens unit and supplies (rental or purchase). The utilization review determination being challenged is dated 09/09/14. The rationale is " the request is for a replacement unit, but it is unclear when previous unit was dispensed, and there is no documentation of functional improvement." [REDACTED] is the requesting provider, and he provided treatment reports from 04/21/14 - 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrotherapy).

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

Decision rationale: The patient presents with neck and back pain. The request is for Tens unit and supplies (rental or purchase). His diagnosis includes degenerative disc and joint disease cervical and lumbar spines. He is status post interlaminar epidural block to C5 (02/19/14, 05/14/14) and bilateral transforaminal epidural block L5 and S1 (05/28/14). According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p116) "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." In review of reports, treating physician has documented that patient has owned a Tens unit before 06/18/14 and it effectively reduced neck and back pain, and needs a replacement. The request does not specify whether it is for rental or purchase. Guidelines indicate documentation of use of TENS,as an adjunct to other treatment modalities, within a functional restoration approach. In this case, the treating physician indicates that the patient has had a unit in the past that worked and requesting another set. However, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others but not chronic low back or neck pain. The treating physician indicates that the patient is using it for neck and low back pain for which TENS units are not indicated. The request is not medically necessary and appropriate.