

Case Number:	CM14-0157383		
Date Assigned:	09/30/2014	Date of Injury:	06/07/1991
Decision Date:	11/07/2014	UR Denial Date:	08/29/2014
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 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 67 year old male who was injured on 06/07/1991. The mechanism of injury is unknown. Prior treatment history has included Ambien 10 mg, clonazepam 2 mg, Lyrica 75 mg, OxyContin 30 mg and Lidoderm 5% patch. Progress report dated 08/21/2014 documented the patient to have complaints of back pain, joint pain and stiffness, and neck pain. He reported lumbar spine pain that radiates to the left leg with increased weakness. On exam, the lumbar spine range of motion revealed restricted range of motion and paravertebral muscle tenderness. There is hypotonicity noted on both sides. Straight leg raise is positive on the right side at T8 and T9. Muscle strength is slightly decreased at -5/5 as well as sensation over S1 bilaterally. The patient was diagnosed with lumbar post laminectomy, lumbar radiculitis, thoracic disc displacement without myelopathy and depressive disorder. Prior utilization review dated 08/29/2014 states the request for TENS (transcutaneous electrical nerve stimulation) unit lumbar spine E0720, A4595-purchase QTY: 1 is not certified as there is a lack of documented evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit lumbar spine E0720, A4595-purchase QTY: 1: 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
Transcutaneous electrical nerve stimulation Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state that the criteria for use of a TENS unit would include documentation of pain of at least 3 months' duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing 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. Rental would be preferred over purchase during this trial period. Other ongoing pain treatments should also be documented in the trial period including medication usage. In addition, the documentation should include a treatment plan. Including the specific short and long-term goals of treatment with the TENS unit. The clinical note dated 08/21/2014 indicates the patient has had increased weakness for 4 weeks. There was a lack of documentation related to a trial period with a TENS unit. There was a lack of documentation related to previous conservative care that has been tried and subsequently failed. In addition, there was a lack of documentation related to a treatment plan including a specific short and long-term goals of treatment with TENS unit. Therefore, the request for Tens Unit lumbar spine, E0720, M595 - Purchase, is not medically necessary based in guidelines and lack of documentation. The request is non-certified.