

Case Number:	CM14-0163256		
Date Assigned:	10/08/2014	Date of Injury:	04/09/2007
Decision Date:	10/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/03/2014

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 New Jersey. 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 worker is a 36 year old male who was injured on 4/9/2007. He was diagnosed with low back pain, lumbar disc protrusion, L4-L5 posterior annular tear, lumbosacral radiculopathy, depression, and chronic myofascial pain. He was treated with physical therapy/home exercise, opioids, cannabis, NSAIDs, [REDACTED] remote care program, and topical analgesics. On 9/2/14, the worker was seen by his primary treating physician reporting that he had returned to full-time work, but continued to experience low back pain with radiation to his left leg at times, and reported using Celebrex 1-2 times daily. He also reported lidocaine patches helping his pain. Physical examination revealed antalgic gait, normal strength, normal sensation, normal reflexes, and low back was non-tender. He was then recommended to continue his Celebrex and "active life style", but also requested he use a TENS unit at the end of the day, when he is most symptomatic.

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: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of a TENS unit, according to the MTUS Guidelines, includes; documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, documentation of other pain treatments during TENS trial, documented treatment plan including the specific short and long-term goals of treatment with TENS, documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, it appears that the request was for the purchase of a TENS unit and supplies rather than a short trial to evaluate effectiveness. A trial needs to be requested first with documentation of reaching functional and pain-reducing goals which should be set before the trial begins. Also, there was no report that the worker had been actively engaging in home exercise or another functional restoration program. Therefore, the TENS unit (for purchase) is not medically necessary.