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| Case Number: | CM14-0174176 | | |
| Date Assigned: | 10/24/2014 | Date of Injury: | 04/13/2011 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

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 & 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:

This 51 year-old patient sustained an injury on 4/13/11 from wrapping and building a pallet while employed by [REDACTED]. Request(s) under consideration include Transcutaneous electrical nerve stimulation unit. Diagnoses include Lumbago. MRI of the lumbar spine dated 9/1/11 showed degenerative disc changes without significant canal or neural foraminal stenosis. Conservative care has included medications, therapy, TENS unit, chiropractic manipulation, lumbar epidural steroid injections, and modified activities/rest. Report of 9/23/14 from the provider noted the patient with chronic constant ongoing mid and low back and right leg pain. The patient reported TENS unit provide pain relief. Exam showed positive SLR and tenderness to palpation at T11-12. Review indicates the patient was provided with a TENS unit since at least 7/15/14; however, it is unclear what type of unit was being used nor results from its use. The request(s) for Transcutaneous electrical nerve stimulation unit was non-certified on 9/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: This 51 year-old patient sustained an injury on 4/13/11 from wrapping and building a pallet while employed by [REDACTED]. Request(s) under consideration include Transcutaneous electrical nerve stimulation unit. Diagnoses include Lumbago. MRI of the lumbar spine dated 9/1/11 showed degenerative disc changes without significant canal or neural foraminal stenosis. Conservative care has included medications, therapy, TENS unit, chiropractic manipulation, lumbar epidural steroid injections, and modified activities/rest. Report of 9/23/14 from the provider noted the patient with chronic constant ongoing mid and low back and right leg pain. The patient reported TENS unit provide pain relief. Exam showed positive SLR and tenderness to palpation at T11-12. Review indicates the patient was provided with a TENS unit since at least 7/15/14; however, it is unclear what type of unit was being used nor results from its use. The request(s) for Transcutaneous electrical nerve stimulation unit was non-certified on 9/30/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic low back condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for several months, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The Transcutaneous electrical nerve stimulation unit is not medically necessary and appropriate.