

Case Number:	CM14-0175978		
Date Assigned:	10/29/2014	Date of Injury:	11/14/2011
Decision Date:	12/05/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/23/2014

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, 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 41-year-old male with a date of injury of 11/14/2011. The listed diagnoses per [REDACTED] are: 1. Cervical radiculitis. 2. Cervical sprain/strain. 3. Lumbar sprain/strain. According to progress report 09/24/2014, the patient presents with upper and lower back pain with stiffness and tension. The patient states that the upper and lower back pain occasionally radiates to the extremities. The patient is utilizing fenoprofen 400 mg, cyclobenzaprine 7.5 mg, and participating in yoga and heat therapy which are helpful for pain control. There was no physical examination documented on this date. Objective findings from 09/09/2014 revealed positive TTP in the lower cervical spine with decreased sensation to light touch at the C5 on the right. Examination of the lumbar spine revealed positive TTP (Tender to Palpation) in the bilateral lower extremity with muscle spasms. Sensation was intact to light touch at L3 to S1. Under treatment plan, it states a TENS unit for home use is requested as "successful TENS unit trial #1 on the upper back for 15 minutes today. The patient tolerated well, muscle is more relaxed, increased ROM (range of motion), and resolving HA but pain level remains at 1/10." Utilization Review denied the request on 10/06/2014. Treatment reports from 09/09/2014 through 11/04/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

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

Decision rationale: This patient presents with upper and lower back pain. The treater is requesting a TENS unit for home use. The treater notes in the 09/24/2014 report that a successful TENS unit trial #1 on the upper back for 15 minutes was provided, which relaxed muscles and increased range of motion. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS (complex regional pain syndrome), spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-day home trial is recommended and with documentation of functional improvement, additional usage may be indicated. The treater states in his 09/24/2014 report that a TENS unit for home use was requested/dispensed. He states that patient had a successful TENS unit trial #1 on the back for 15 minutes on that date. This appears to be one time use and not a one month home trial. Request is not medically necessary.