

Case Number:	CM14-0184222		
Date Assigned:	11/12/2014	Date of Injury:	04/10/2008
Decision Date:	12/18/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational Medicine 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:

Injured worker (IW) is a 66 year old male who sustained an industrial low back injury on 04/10/08. Lumbar MRI showed degenerative changes at L4-5 and L5-S1. Documented treatment to date has included medications, physical therapy including aquatic therapy, home exercises, TENS (transcutaneous electrical neurostimulation) units, cane, work restrictions, and time off work on temporary total disability. He was dispensed TENS patches on 02/08/13 and 09/26/14. 09/26/14 office note documented complaints of 8/10 pain. Lumbar range of motion was limited and tenderness and spasm were present. Gait was antalgic. Multiple medications were refilled and he was continued off work. No information is documented concerning compliance with TENS use (hours/day, days/week), or effect of TENS on pain or function.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Electrodes times 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: MTUS states: "A one-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". MTUS also notes: "Other ongoing pain treatment should also be documented during the trial period including medication usage" and "A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted". In this case there is no documentation of results of a TENS trial, or the effect of long-term TENS use on the clinical course. Current TENS usage is un-quantified, and there is no documentation of IW's response to TENS in terms of decreased pain, decreased medication usage, or improved function. Per the most recent office note, pain level remains 8/10 and IW remains out of work. Short-term and long-term goals of TENS use are not documented. Medical necessity is not established for the requested TENS pads per MTUS criteria. Therefore, the request is not medically necessary.