

Case Number:	CM14-0184609		
Date Assigned:	11/12/2014	Date of Injury:	05/08/1997
Decision Date:	12/30/2014	UR Denial Date:	10/06/2014
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 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 73 year old female who was injured on 5/8/1997. She was diagnosed with low back pain, myofascial pain, scoliosis, muscle spasm, and lumbar degenerative disc disease. She was treated with medications, injections, ice, lumbar surgery, and physical therapy. The worker was seen on 9/11/2014 by her pain medicine physician for a follow-up reporting continual low back pain with radiation to both legs rated at 5/10 on the pain scale without significant change from previous follow-ups. She reported using Ambien, Celebrex, Flexeril, and Norco to help control her pain. It was also reported that she "continues to use TENS unit with moderate relief to her back during acute pain exacerbations", and this phrase was also included in a previous note from 8/14/14, suggesting the worker was using TENS for some time prior to the date of this request, but without a more detailed report on benefit from its use functionally or with pain reduction. She was then recommended to continue her usual regimen of medications, home exercises, and presumably the TENS unit as well. Soon after this office visit, a request for a TENS unit rental for "one year or more" was made without explanation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Rental for 1 year or more for the low back: 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 TENS, according to the MTUS Guidelines, include 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, and 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, there was evidence that she had been using a TENS unit already for at least a couple of months if not more prior to this request for a rental of a TENS unit for one or more year. However, there was no documentation reporting any detail on functional improvement from its use, which appeared to be only during acute flare-ups. There was no explanation found in the documentation provided for review as to why a request was made for a TENS unit if she was already using one (continuation of a previous rental, replacement of nonworking device, etc.). Also, if by chance this is a first time use of the device, the request for one year rental is much longer than necessary, and a trial for one month is sufficient. Therefore, without clarification as to the reason why the specific request and lack of evidence of benefit from previous use, the TENS unit rental for one year is not medically necessary.