

Case Number:	CM14-0186254		
Date Assigned:	11/14/2014	Date of Injury:	08/15/1999
Decision Date:	12/31/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/08/2014

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 Pain 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:

This is a male patient with a date of injury of August 15, 1999. A utilization determination dated November 3, 2014 recommends non-certification of a TENS unit patches x2. A progress note dated May 28, 2014 identifies subjective complaints of upper, mid-, and low back pain. The patient reports constant mid-low back pain that is worse with cold weather and activity. The pain radiates to bilateral lower extremities with numbness/tingling to ankles bilaterally, also frequently has radiation to the upper back and bilateral upper extremities with numbness/tingling to hands bilaterally. Medications, home exercise program, and TENS unit with only 2 patches from previous primary treating physician are helpful for pain control. The patient's pain decreases to a 3-4/10 with treatment and increases to 7-8/10 without. The physical examination identifies limited lumbar flexion, hyperextension, and lateral bending. The patient has tenderness to palpation of the thoracic and lumbar spine. The diagnoses include lumbar sprain/strain, spondylolisthesis, lumbar spinal stenosis, thoracic sprain/strain, and left-sided lumbosacral or thoracic neuritis or radiculitis. The treatment plan recommends a refill for tramadol ER 150 mg #30, refills for omeprazole 20 mg #60, and TENS patches (2) were dispensed. The treatment plan also recommends continuation of medications, home exercise program, TENS unit, awaiting authorization for a back brace, awaiting report for MRI of cervical and thoracic spine, and continue to follow-up with psychologist. A TENS unit trial report dated May 28, 2014 identifies that the patient had a 15 minute in-office trial that resulted in a pain level reduction from a 8/10 to a 6/10. The patient reported decreased pain, increased range of motion, and muscle relaxation with the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one (1) TENS Unit Patches times 2 with a date of service of 10/16/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for one TENS unit patches x2, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a one-month TENS unit trial, and no documentation of any specific objective functional deficits which a TENS unit trial would be intended to address. Apparently, the patient has been using a TENS unit in home, dispensed after a 15 minute in-office trial. However, there is no documentation of ongoing specific objective functional improvement with the use of the TENS unit. In the absence of clarity regarding those issues, the currently requested one TENS Unit Patches times 2 are not medically necessary.