

Case Number:	CM14-0020317		
Date Assigned:	02/21/2014	Date of Injury:	02/20/2007
Decision Date:	06/26/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/18/2014

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:

The injured worker is a 54-year-old female who reported an injury on 02/20/2007, the mechanism of injury was not provided within the medical records. The clinical note dated 10/07/2013 indicated the injured worker requested a replacement TENS unit. There was no physical exam done at this time. The injured worker was diagnosed with lumbar spine sprain/strain with left more than right sciatica, weakness in both extremities, urinary incontinence rule out neurogenic bladder, rule out cauda equina, pain disorder associated with psychological factors and physical condition, severe allergic reaction to medication including Savella, right foot contusion and fracture of P1 of the 4th toe, rule out compensable consequence, and left hand sprain/strain, rule out fracture to left hand little finger to compensable consequence. The request for authorization form was dated 01/31/2013 and the provider's rationale for the TENS unit was for relief of symptoms and because the current TENS unit needed to be replaced.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The request for a TENS unit is non-certified. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive, the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There is lack of documentation indicating significant deficits upon physical exam. It was unclear how the TENS unit would provide the injured worker with functional restoration. The submitted documentation indicated that the injured worker had currently a broken TENS unit; therefore, there was the need of a replacement. However, there was no adequate baseline provided of the efficacy of the current TENS therapy. The request is also unclear as to if the injured worker needed to rent or purchase a TENS unit. Therefore, the request is non-certified.