

Case Number:	CM14-0023108		
Date Assigned:	05/14/2014	Date of Injury:	08/02/2012
Decision Date:	07/10/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 and Pain Management, 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 50 year old with an injury date on 8/2/12. Based on the 1/3/14 progress report provided by [REDACTED] the diagnoses are: 1 Low back pain 2. Lumbar facet pain 3. Right sacroiliitis 4. Possibility of lumbar radiculopathy 5. Insomnia secondary to pain-Exam on 1/3/14 showed "spasms in the lumbar paraspinal muscles and stiffness in L-spine. Sensory is normal to light touch in bilateral lower extremities. Straight leg raising is noncontributory in bilateral lower extremities. Lumbar spine forward flexion is 40 degrees and extension is 5 degrees associated with increase pain on extension." [REDACTED] is requesting three months supply of TENS unit supplied with rechargeable batteries. The utilization review determination being challenged is dated 1/31/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/4/13 to 2/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE MONTHS SUPPLY OF TENS UNIT SUPPLIES WITH RECHARGEABLE BATTERIES: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 114-116.

Decision rationale: This patient presents with persistent mid and lower back pain radiating to right lower extremity rated 7/10. The treating physician has asked three months supply of Transcutaneous Electrical Nerve Stimulation (TENS) unit supplied with rechargeable batteries on 1/3/14. On 2/4/13, patient has not responded to physical therapy, epidural steroid injections, and symptoms are unchanged. On 5/22/13, 30 day trial of TENS was approved. On 6/24/13, patient is unable to do home exercise due to pain while walking. On 7/26/13, patient reports medications are ineffective but TENS unit is helping pain. On 9/24/13 patient continues to use TENS with effective pain relief. On 1/3/14, TENS unit continues to help with pain management but "pain is getting progressively worse." Patient needs refill of patches as his are non-functional per 1/3/14 report. According to MTUS guidelines (pg 116), TENS units have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, Complex Regional Pain Syndrome (CRPS), spasticity, phantom limb pain, and Multiple Sclerosis. 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. In this case, the treating physician has asked for three months supply of TENS unit supplied with rechargeable batteries. Patient has been utilizing TENS unit for 7 months, and the treating physician documents that the unit is being used and with benefit. The request is medically necessary and appropriate.