

Case Number:	CM14-0028347		
Date Assigned:	06/16/2014	Date of Injury:	03/04/2003
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/06/2014

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 is a male with date of injury 3/4/2003. Per progress note dated 12/5/2013, the injured worker complains of back pain described as dull, mild, and intermittent. He reports pain radiation to left lower extremity. His TENS unit that he has had for three years is now broken. On exam his gait is slow. Diagnoses include 1) lumbar sprain 2) lumbosacral degenerative disc disease 3) bilateral muscle spasms 4) sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT AND SUPPLIES FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation TENS (Transcutaneous Electrical Neurostimulation).

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

Decision rationale: This request is for a replacement TENS unit. The use of TENS for chronic pain is not recommended by the guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. The injured worker does not meet the medical conditions that are listed by the guidelines where a TENS unit may be beneficial. The TENS unit

is also being used as a primary treatment modality, which is not supported by the guidelines. There are criteria for the use of TENS specified by the guidelines, of which there is not adequate documentation to support. Specifically, there should be documentation of pain of at least three months duration, and the injured worker has been identified as having an acute exacerbation. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. The criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The use of a TENS unit in the management of the injured worker's pain is supported by the medical documentation provided by the requesting physician. The request for TENS unit and supplies for lumbar spine is determined to not be medically necessary.