

Case Number:	CM14-0028836		
Date Assigned:	04/09/2014	Date of Injury:	04/07/2010
Decision Date:	05/27/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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 Sports Medicine and is licensed to practice in Texas. 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 43-year-old male who reported injury on 04/07/2010. The mechanism of injury was not provided. The documentation of 07/18/2013 revealed the injured worker was utilizing a TENS unit, and it was indicated the injured worker should continue using the TENS unit. A letter of 09/11/2013 revealed the injured worker needed the TENS unit for pain relief. It was indicated the injured worker had a 30 day trial and requested to keep the TENS unit as it helped alleviate the pain. The documentation of 09/16/2013 revealed the injured worker was waiting for supplies for the TENS unit. The diagnoses included disc disorder lumbar, lumbar radiculopathy, and spasm of muscle. The treatment plan included medications of Zanaflex, Norco, Trazodone, and TENS pads and batteries.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT SUPPLIES - BATTERY AND PADS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-116.

Decision rationale: California MTUS Guidelines recommend TENS units for the treatment of chronic pain. The clinical documentation submitted for review indicated the injured worker had trialed a TENS unit and found it to be beneficial. However, there was lack of documentation indicating objective functional benefit and objective decrease in pain that was received from the trial of the TENS unit. Additionally, ongoing treatment with a TENS unit should include documentation of how often the unit was used and that it was used as an adjunct to other ongoing modalities with a functional restoration approach. There should be documentation of medication usage and a treatment plan including specific long and short term goals with the treatment of the TENS unit. The request as submitted failed to indicate the quantity of supplies that were being requested. Given the above and the lack of documentation, the request for TENS unit supplies - battery and pads is not medically necessary.