

Case Number:	CM14-0031366		
Date Assigned:	06/13/2014	Date of Injury:	03/02/2005
Decision Date:	10/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family 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:

The patient is a 69 year-old man who was injured at work on 3/2/2005. The injury was primarily to her back. She is requesting review of denial for a TENS Unit (purchase). Medical records corroborate ongoing care for her injuries. These records include the Primary Treating Physician's Progress Reports. The records indicate that her chronic diagnoses include the following: Lumbago; Failed Back Surgery Syndrome; Lumbar Radiculopathy; Lumbar Facet Dysfunction; and Degenerative Joint Disease. The patient has undergone surgery in 8/2012 and has received physical therapy, acupuncture, a self-directed home exercise program, epidural steroid injections, analgesic medications and antiepilepsy drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS UNIT (PURCHASE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: For the management of chronic pain, a TENS Unit 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. In this case, the request is for purchase of a TENS Unit, not a rental, as discussed in the guidelines. Further, there is no documentation provided for a one-month trial period to assess the impact of the TENS Unit on pain and functional restoration. For these reasons, the request for Purchase of a TENS Unit is not medically necessary.