

Case Number:	CM14-0035191		
Date Assigned:	06/23/2014	Date of Injury:	08/19/2009
Decision Date:	07/22/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/21/2014

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 Pain Management, 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:

This is a patient with a date of injury of August 19, 2009. A utilization review determination dated February 21, 2014 recommends noncertification of a transcutaneous electrical nerve stimulation (TENS) unit. A progress report dated January 22, 2014 identifies subjective complaints including neck pain and low back pain. The physical examination identifies tenderness in the cervical paravertebral muscles and pain with range of motion. The lumbar spine examination reveals tenderness of the lumbar paravertebral muscles with spasm present. There is also dysesthesia at the left L5-S1 dermatome. Test document diagnoses include cervical discopathy and lumbar discopathy. The treatment plan recommends an Otolaryngology (ENT) and internal medicine evaluation. A TENS unit is also prescribed for "pain control and relaxing muscle spasm." The note indicates that this has helped the patient previously. The California MTUS guidelines are cited recommending a one month home-based TENS trial.

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 Page(s): 114-117.

Decision rationale: Regarding the request for transcutaneous electrical nerve stimulation (TENS), the CA MTUS states that TENS 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. The MTUS guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. Finally, the current request is for "TENS unit," and there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.