

Case Number:	CM14-0037295		
Date Assigned:	06/25/2014	Date of Injury:	06/11/2010
Decision Date:	08/11/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/27/2014

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 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 31-year-old female with a date of injury of 06/11/2010. The listed diagnosis per [REDACTED] is HNP (herniated nucleus pulposus) thoracic. According to progress report on 02/25/2014 by [REDACTED], the patient presents with moderate pain and discomfort with slight spasm in the back. The patient reports significant improvement in overall function with the use of a TENS unit. Examination revealed slight asymmetric spasm, slight rib hump, 10% decreased horizontal torsion and lateral bend, and negative straight leg raising. The treater reports that the patient has had excellent benefit from the 30-day trial with the TENS unit. She has had improvement quality of activities of daily living and decreased the amount of medications intake. The patient's current medication regimen includes Zanaflex and ibuprofen. She currently does not require narcotics or analgesics, and hopefully, the TENS unit will be provided on a permanent basis. The request is for a purchase of TENS unit. Utilization review denied the request on 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy - TENS, chronic pain (transcutaneous electrical nerve stimulation) - Criteria for the use of TENS - TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 114, 116, 117.

Decision rationale: This patient presents with moderate pain and discomfort with slight spasm in the back. The patient reports significant improvement in overall function with the use of a TENS unit. Utilization review denied the request stating this device has not been proven in medical literature to be an effective treatment. Per MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. In this case, the patient does not meet the indications for a TENS unit. Recommendation is for denial.