

Case Number:	CM14-0038119		
Date Assigned:	06/25/2014	Date of Injury:	06/06/2012
Decision Date:	08/20/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 & 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 49-year-old male with a 06/06/2012 date of injury. A specific mechanism of injury was not described. On 3/18/14 the determination was modified, given that a 30-day was recommended with further use contingent upon a positive response to use at home. On 4/15/14 the medical reports identified low back pain radiating to the left lower extremity and also new onset of neck pain with occasional radiation to the left upper extremity. Records also indicate, the leg pain is associated with numbness of the foot. The exams reveal lumbar spine tenderness to palpation. Range of motion has decreased secondary to pain. There are multiple trigger points in the cervical area. Recommendation was to continue with a home exercise program. Records also indicate that the patient has been using TENS unit during physical therapy with some relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit & supplies for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT (transcutaneous electrical nerve stimulation).

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines indicate that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The patient had use a TENS unit in physical therapy with apparent relief in pain. However, there was no clear indication of the specific functional benefits arising from the use of the TENS unit. The records also didn't address the specific short- and long-term goals of treatment for the use of the requested TENS unit. The prior determination appropriately modified the request for a 30 day trial to establish functional benefit. The request is not medically necessary.