

Case Number:	CM14-0038991		
Date Assigned:	06/27/2014	Date of Injury:	01/16/2002
Decision Date:	08/20/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 injured worker is a 52-year-old male who reported an injury on 01/16/2002. The mechanism of injury reportedly occurred when he was descending a ladder from an operator platform. The diagnoses included probable discogenic low back pain with multilevel herniated nucleus pulposus and lumbar spondylosis. Prior therapies included work restrictions, medications, physical therapy, and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Per the 01/30/2014 progress report, the injured worker reported radiating neck and low back pain. It was noted he was self-treating by utilizing a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Examination of the neck noted increased pain with range of motion and weakness of the right arm. Examination of the lumbar spine noted tenderness about the lower lumbar paravertebral muscles and painful range of motion. The injured worker demonstrated a positive straight leg raise bilaterally. Lower extremity strength was noted to be globally intact. The provider requested a short course of physical therapy for the lumbar spine and a Transcutaneous Electrical Nerve Stimulation (TENS) unit as an adjunct for pain relief. The Request for Authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, page(s) 114-121 Page(s): 114-121.

Decision rationale: The request for transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary and appropriate. The California MTUS Guidelines state TENS is not recommended as a primary treatment modality but a 1 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. There should be evidence that other appropriate pain modalities have been tried, including medication, and failed. The treatment plan, including the specific short and long term goals of treatment with the TENS unit should be submitted. A 1 month trial of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The medical records provided indicate the injured worker was self-treating his pain by utilizing a TENS unit. There is a lack of documentation regarding significant pain relief and objective functional improvements with the use of his TENS unit. There is no indication that other appropriate pain modalities, such as medication, have failed. In addition, the submitted request does not specify the duration of use or site of treatment. Based on this information, the request is not supported. As such, the request for transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary.