MAXIMUS Federal Services

Case Number:	CM14-0041255		
Date Assigned:	06/20/2014	Date of Injury:	04/08/2008
Decision Date:	08/08/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/12/2014

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 injured worker who is a 60-year-old female who reported an injury on 04/09/2008 of an unknown mechanism. The injured worker underwent a lumbar epidural steroid injections, cervical facet blocks, and cervical radiofrequency ablation on 08/2010, 09/28/2011, 05/15/2013 on all on the left side and on 02/29/2012 it was noted to be on the right side. It was documented on 08/26/2013 through present the injured worker had used the tens unit every day for 1 hour each episode 2 hours a day, which decreased her pain to sleep better and had residual pain relief up to 2 hours after use. It was also noted her pain medications worked well. On 02/03/2014 the injured worker complained of lower back, left shoulder, and neck pain. The injured worker stated the pain has increased radiating down into the postero-lateral thigh, calf, foot and both legs. The injured worker stated that the pain medications works well and helps with her pain but she reports ongoing upset stomach possibly the Pristiq. On the physical examination done on 02/03/2014 it was noted the cervical spine was restricted with pain paravertebral muscles are tight on both sides. The lumbar spine range of motion was restricted with flexion of 50 degrees extension 10 degrees with pain. On palpation, paravertebral muscles were tender on both sides. It was noted the ankle jerk was 2/4 on the right side, 1/4 on the left side and patellar jerk was 2/4 on both sides. The injured worker had an antalgic gait with no assistive devices. The injured worker medication included Neurontin 300mg, Lidocaine cream 5%, Dexilant 30mg and Trazodone 50mg. The injured worker diagnoses includes lumbar radiculopathy, spinal/lumbar DDD, sprain lumbar region, depression with anxiety, low back pain and cervical facet syndrome and cervical pain. The treatment plan included for a decision for a purchase of a transcutaneous electrical nerve stimulation unit for the lumbar spine. The authorization for request was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a transcutaneous electrical nerve stimulation unit for lumbar spine use.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation unit (TENS) Page(s): 114-115.

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

Decision rationale: The request for the purchase of a transcutaneous electrical nerve stimulation unit for the lumbar spine is non-certified. The Chronic Pain Medical Treatment (MTUS) Guidelines does not recommend the use of the transcutaneous electrical nerve stimulation unit 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. 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. The guidelines use of the Tens unit should document pain of at least 3 months duration and a 1 month trial period of the TENS unit should be documented (as an adjunction 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. The documentation submitted stated the injury worker had already used the transcutaneous electrical nerve stimulation unit since 08/26/2013 through present with no evidence functional improvement while she used the tens unit. There was documentation provided on 02/03/2014 that the injured worker medications worked well and relived her pain. In addition, there was lack of documentation provided on the injured worker short/long term goals of treatment with the tens unit. Given the above, the request for the purchase of a transcutaneous electrical nerve stimulation unit for the lumbar spine is not medically necessary.