

Case Number:	CM14-0041314		
Date Assigned:	06/20/2014	Date of Injury:	06/01/2009
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 43 year old male who was injured on 6/1/2009. He was diagnosed with chronic low back pain with radiculitis, lumbar degenerative disc disease, and neuroforaminal stenosis of the lower back. He was treated with conservative treatments including physical therapy and oral medications, including opioids benzodiazepines, muscle relaxants, anti-depressants, neurontin, prednisone, and NSAIDs. He also was treated with epidural steroid injection. On 2/21/14, the worker was seen by his pain specialist for a follow-up complaining of continuation of his low back pain with radiation to his left buttock and left lateral thigh and calf area of his leg, but that it had worsened. He reported that physical therapy didn't help but that a TENS unit used during his physical therapy visits seems to help his pain. Opioid medications were then refilled as well as Valium and Ibuprofen, and a request was made for him to have a trial of a TENS unit (4+ lead device) for 7 days and follow-up in 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS (Trancutaneous Electrical Nerve Stimulator) Unit for trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Criteria for the use of TENS Page(s): 116.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. In the case of this worker, the request was made for a 4+ lead unit instead of the recommended 2-lead unit. Therefore the TENS 4-lead unit trial is not medically necessary.