

Case Number:	CM14-0046813		
Date Assigned:	07/02/2014	Date of Injury:	08/22/2003
Decision Date:	08/26/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine & 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 is a 65-year-old male who reported an injury on 08/22/2003. The mechanism of injury was noted to be bending over to inspect a piece of equipment. The injured worker's diagnosis was noted to be lumbar discogenic disease, chronic low back pain, and lumbar spondylosis. The injured worker's prior treatments were noted to be use of a TENS unit, medications, and home exercises. The injured worker had an MRI on 12/18/2013. The injured worker had a lumbar fusion on 06/02/2012. The injured worker had a clinical evaluation on 01/16/2014; he presented with persistent back pain, worsened by cold weather. The physical examination noted the lumbar spine with a healed surgical incision, spasms, painful range of motion, as well as limited range of motion. The injured worker was noted to use the medications ketoprofen and capsaicin cream, Norco, Neurontin, Colace, and Prilosec. The injured worker's treatment plan was to continue walking on a treadmill, continue TENS unit, continue medications, and a trigger point injection. The provider's rationale for the request was provided within the 01/16/2014 physical examination. A request for authorization was not provided within the documentation.

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 Chronic Pain, Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-115, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The request for a TENS unit purchase is not medically necessary. The CA MTUS Chronic Pain Medical Treatment Guidelines does not recommend use of a TENS unit as a primary treatment modality. While TENS may reflect the longstanding 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 the long-term effectiveness. The guidelines state criteria for the use of transcutaneous electrical nerve stimulation; evaluation should document pain of at least 3 months. Documentation of appropriate pain modalities that have been tried (including medication) and failed as well as documentation of the 1 month trial period of TENS with an adjunct functional restoration program. A treatment plan including a specific short and long-term goal the TENS unit should be submitted. According to the documentation provided with this review, the criteria for the use of TENS according to the guidelines have not been met. Further documentation will be necessary to support use of TENS unit. As such, the request for TENS unit purchase is not medically necessary.