

Case Number:	CM14-0050532		
Date Assigned:	06/25/2014	Date of Injury:	04/06/2007
Decision Date:	07/25/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 Illinois. 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 68-year-old male who reported an injury on 04/06/2007. The mechanism of injury was not provided. On 01/30/2014 the injured worker had a diagnosis of status post lumbar spine fusion and symptomatic hardware. Prior therapy included surgery, medication and the use of a transcutaneous electrical nerve stimulation (TENS) unit. The provider noted for lumbar spine findings to see the report; however, the report was not submitted. The provider recommended an extended rental of a TENS unit for 12 months to the lumbar spine due to chronic and intractable pain and for increased strength and increased range of motion. The Request for Authorization form was dated 01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended rental of Neurostimulator (TENS-EMS) x12 months lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENs Page(s): 116.

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. 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. The results of studies are inconclusive, and 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 clinical documentation lacked evidence of significant deficits upon physical examination. The efficacy of the injured worker's previous courses of conservative care was not provided. Additionally, the efficacy of the previous TENS trial was not provided, which would include increased function and decreased pain. There was a lack of evidence in the provided documentation of objective functional deficits that could be used to measure the efficacy of the TENS unit therapy. As such, the request is not medically necessary.