

Case Number:	CM14-0056666		
Date Assigned:	07/09/2014	Date of Injury:	03/17/2001
Decision Date:	09/16/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 is a 53-year-old female who reported an injury on 03/17/2001. The mechanism of injury was not provided. The injured worker's medications were noted to include Cymbalta, MS-Contin, Norco, and Tizanidine. Prior treatments included a TENS Unit, and multiple surgical interventions, as well as a trial of a spinal cord stimulator. The diagnostic studies were not provided. The documentation of 11/27/2013 revealed the injured worker had pain radiating to the lateral aspect of the left calf and ankle. The injured worker indicated the pain woke her up at night and that she had associated numbness of the left lateral ankle and toes. The physical examination of the thoracolumbar spine revealed the injured worker had difficulty moving about. The injured worker was mildly flexed forward. The injured worker had mild right lumbar paraspinous muscle tenderness. The injured worker had mild left lumbar paraspinous muscle tenderness. There was mild bilateral facet joint tenderness. There was mild bilateral SI joint tenderness and mild right sciatic notch tenderness along with moderate left sciatic notch tenderness. The injured worker had mild left trochanteric bursa tenderness. The injured worker had decreased range of motion. The injured worker had moderately diminished sensation to pinprick testing at S1 and L5 on the left. The diagnoses included failed back syndrome status post L4-5 and L5-S1 anterior interbody fusion, thoracic or lumbosacral neuritis or radiculitis unspecified, coccydynia, status post-trial of spinal cord stimulator with 50% pain relief, associated mood disorder, and sleep disorder. The medications were refilled. The injured worker had a Toradol injection. The treatment plan included a script for a TENS Unit as the injured worker's unit was utilized 1 year previous to the examination during acute flare up and that the unit was many years old and the injured worker was told to "throw it out by the manufacturer when it stopped working because it was antiquated." There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase and 6 months supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend a 1 month trial of a TENS Unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. There should be documentation of how often the unit was used and outcomes in terms of pain relief and objective functional benefit that was received. There should be documentation that it was being utilized as an adjunct to ongoing treatment modalities with a functional restoration approach. A treatment plan, including the specific short and long term goals of treatment for the TENS Unit, should be submitted. The clinical documentation submitted for review indicated the injured worker had previously trialed a TENS Unit. However, there was a lack of documentation of the above criteria. There was a lack of documentation of objective functional benefit and an objective decrease in pain. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for TENS Unit purchase and 6 months' supplies is not medically necessary.