

Case Number:	CM14-0059765		
Date Assigned:	07/09/2014	Date of Injury:	12/22/1999
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain management and is licensed to practice in Tennessee. 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 patient is a 48-year-old female who has submitted a claim for lumbar spine sprain/strain associated with an industrial injury date of 12/22/1999. Medical records from January 2014 were reviewed and showed that patient complained of moderate low back pain. Physical examination revealed tenderness and spasms in the lumbar paraspinals. The lumbar active range of motion was limited. Treatment to date has surgery, physical therapy and use of TENS unit. Utilization review dated 04/11/2014 denied the request for TENS unit trial because there was no documentation if prior use of the TENS unit was for a full 30 day trial, and if that was the case, outcome from the prior trial was also not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be

considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be documented (as an adjunct 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. In this case, there is no documentation that shows any information on how the TENS unit was used by the patient. No documentation was submitted that shows outcomes in terms of pain relief and function. Furthermore, there was no documentation of active participation in functional restoration program by the patient. The use of TENS as primary mode of treatment is not recommended. Therefore, the request for TENS unit is not medically necessary.