

Case Number:	CM14-0063310		
Date Assigned:	07/11/2014	Date of Injury:	03/04/2004
Decision Date:	09/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational Medicine 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:

This is a 61-year-old female with a 3/4/04 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/10/14, the patient stated that she is obtaining significant relief in her low back pain since the lumbar facet radiofrequency procedure and quantifies this to be around 60%. She noted that she has also been having pain, numbness, and tingling in her left buttocks radiating into the posterior thigh, but this has been present for around a year. Treatment to date is medication management and activity modification. A UR decision dated 4/22/14 denied the request for purchase of a transcutaneous electrical nerve stimulation (TENS) unit. Guidelines do not support the purchase of TENS unit as there is no documented trial use of the TENS unit, there is no documentation of the failure of all appropriate pain modalities, and the request is for the purchase of the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 116.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication.

Although it is documented that her TENS unit has been very helpful during flare-ups and reduces her pain by about 50%. However, she also stated that her medications, Lyrica, Tizanidine, and Vicodin ES have been helpful in reducing her pain and improving her function. Guidelines do not support use of a TENS unit when other conservative methods are effective in providing pain relief. Furthermore, there is no rationale as to why the purchase of a TENS unit is necessary instead of a rental. Therefore, the request for 1 Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) Unit was not medically necessary.