MAXIMUS Federal Services

Case Number:	CM14-0063527		
Date Assigned:	07/11/2014	Date of Injury:	06/12/1996
Decision Date:	09/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/06/2014

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 Medicine and is licensed to practice in Florida. 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 female who reported injury on 06/12/1996. The mechanism of injury was not stated in the submitted report. The injured worker has a diagnosis of stenosis. Past medical treatment includes physical therapy, nerve root block injections, medication therapy and surgery. Medications included folic acid 1 mg 1 tablet by mouth daily, Venlafaxine HCL ER 37.5 mg 3 tablets by mouth 2 times a day, Flexeril 10 mg 1 tablet 1 time a day, gabapentin 600 mg 1 tablet 3 times a day and Salonpas patch 1 patch daily. An MRI revealed that the injured worker had moderate degree of stenosis on the right side at L1-2, L2-3 and L3-4. It also revealed that the injured worker had moderate degree of stenosis on the left at L3-4 and L4-5. The injured worker was postoperative lumbar micro laminectomy of the L1-2, L2-3, and L3-4. The injured worker complained of severe pain in the back hip. The injured worker also stated to have pain in the neck, arm and back leg. There were no measureable pain levels documented in the submitted report. Physical examination dated 01/13/2014 revealed that the injured worker had a motor strength of the lower extremities of 5/5. Sensation to light touch revealed no abnormalities. Pinprick sensation testing revealed no abnormalities. Vibrator sense for the lower extremities also revealed no abnormalities. The injured worker, upon exam revealed neurologically intact in all planes. The treatment plan is for the injured worker to have use of a TENS unit. The rationale and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit-purchase: Upheld

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

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 TENS (transcutaneous electrical nerve stimulation) unit-purchase is not medically necessary. The injured worker complained of severe pain in the back hip. The injured worker also stated to have pain in the neck, arm and back leg. There were no measureable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that there must be documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed and other ongoing pain treatment should also be documented during the trial period including medication usage. The MTUS also states that a TENS unit is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day period. Given the above guidelines, the injured worker is not within the guidelines for the purchase of a TENS unit. There was a lack of documentation on the injured worker's pain for the past 3 months. The reports lacked evidence that there had been other attempts of pain relief for the injured worker. No documentation of conservative care or therapy attempted and failed. The only notations on conservative care were vague and failed to note the outcome of such therapy. Furthermore, the guidelines did stipulate that an initial trial of a TENS unit be a rental for a time period of 30 days with proper documentation of purposed necessity. As such, the request for a TENS unit purchase is not medically necessary.