

Case Number:	CM14-0066291		
Date Assigned:	09/03/2014	Date of Injury:	06/01/2006
Decision Date:	10/02/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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 Texas and Ohio. 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 61 year old female who reported an injury on 06/01/2008. The mechanism of injury was not provided. Her diagnoses were listed as myalgia and myositis, low back pain, failed back surgery syndrome, injury to lumbar nerve root, lumbar degenerative disc disease, and chronic pain syndrome. The past treatments include medication and a TENS unit. There were no relevant diagnostic studies submitted. The surgical included a lumbar fusion at the L4, L5 levels in 2010. On 04/14/2014, the injured worker complained of moderate to severe back pain. She reported the pain radiated to the left calf, left foot, and left thigh. Her symptoms were relieved by heat, lying down, massage, medications, and physical therapy. She rated her pain as 8/10 without medications and 5/10 with medications. Upon physical examination, the injured worker was noted to have normal lower extremity muscle tone. She was noted to have pain with motion to the back only. The range of motion was noted to be lateral flexion to 25 degrees to the left and right, and extension to 15 degrees. There was no motor weakness noted. The medications included naproxen sodium, calcium carbonate, alendronate sodium, super B complex. The treatment plan was to order a left sacroiliac joint injection and order medication. The rationale for the request was that previous use of a TENS unit reduced the injured worker's pain by 80%. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit - lumbar: Upheld

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

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

Decision rationale: The request for purchase of TENS unit lumbar is not medically necessary. The California MTUS Guidelines do not recommend transcutaneous electrical nerve stimulation as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration. The injured worker was noted to have reduced pain by 80% with her previous use of a TENS unit. According to the guidelines, there must be 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; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted and other ongoing pain treatment should also be documented during the trial period including medication usage. There is no evidence of significant functional improvements with the use of the previous unit or indication that the injured worker would be participating in a more active treatment program in conjunction with the TENS unit. In the absence of sufficient documentation providing evidence of how long the previous TENS unit trial was, documentation on how it was used and the outcome, and the lack of short- and long- term goals for the modality, the request is not supported. Therefore, the request is not medically necessary.