

Case Number:	CM14-0069690		
Date Assigned:	07/14/2014	Date of Injury:	06/06/2013
Decision Date:	09/26/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/14/2014

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, 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 52-year-old female who reported an injury 06/06/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 03/08/2014 indicated diagnoses of low back pain and lumbar radiculopathy. The injured worker reported low back pain that radiated to the left lower extremity. She reported that her neuropathic pain had increased and medications helped the pain about 30% to 40%. The injured worker reported no side effects with medication. On physical examination, range of motion was decreased to the lumbar area. The injured worker had tenderness in the lumbar paraspinal musculature. The treatment plan included acupuncture, continue physical therapy as scheduled. The injured worker's prior treatments included physical therapy and medication management. The injured worker's medication regimen was not provided within the medical records. The provider submitted a request for a TENS unit for home use. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 116.

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

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend a TENS unit as a primary treatment modality. A one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There was lack of evidence in the documentation provided that would indicate the need for the injured worker to have a TENS unit. In addition, there was lack of documentation indicating significant deficits upon physical examination. Moreover, the injured worker's previous course of conservative care was not indicated. Additionally, it was not indicated how the TENS unit would provide the injured worker with functional restoration. Moreover, it was not indicated the injured worker underwent an adequate TENS trial additionally. The request did not indicate as to if the injured worker needed to rent or purchase the TENS unit. Therefore, the request is not medically necessary and appropriate.