MAXIMUS Federal Services

Case Number:	CM14-0070511		
Date Assigned:	07/14/2014	Date of Injury:	02/04/2010
Decision Date:	09/09/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 Texas and 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 patient is a 56 year old male who was injured on 2/4/2010. The diagnoses are low back pain, lumbar radiculopathy and left knee pain. An X-Ray of the lumbar spine was significant for degenerative disc disease and multilevel osteophytes of the lumbar spine. The past surgical history includes a left knee replacement. The patient has completed acupuncture, aquatic therapy and physical therapy (PT) treatments. The medications are Gabapentin and Vicodin for pain, Cyclobenzaprine for muscle spasm and Prilosec for the prevention of NSAIDs induced gastritis. On 4/21/2014, [redacted] noted subjective complaints of low back pain radiating down the lower extremities associated with numbness and tingling sensations. The pain score was 8-9/10 without medications and 6/10 with medications on a scale of 0 to 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit and supplies-purchase.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 114-121.

Decision rationale: The CA MTUS addressed the therapeutic use of transcutaneous electrical nerve stimulation (TENS) in the treatment of chronic musculoskeletal pain. The use of TENS therapy is especially beneficial for patients who cannot tolerate medication management because of severe adverse effects. The records did not show documentation of beneficial effects from a 1 month trial of electrostimulation treatment in the setting of formal physical therapy or exercise programs. It is recommended that TENS Unit be rented for a 1 month trial to demonstrate efficacy before purchase. Therefore the criteria for the purchase of the TENS Unit with supplies are not medically necessary.