

Case Number:	CM14-0076824		
Date Assigned:	07/18/2014	Date of Injury:	08/07/2003
Decision Date:	08/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/27/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 51-year-old female who reported an injury on 08/07/2003. The mechanism of injury occurred when the injured worker was helping a patient from the kitchen to the bedroom and the patient fell on her left leg. Her diagnoses include lumbosacral spine herniated disc, lumbar radiculopathy, and status post lumbar fusion. Her previous treatments included physical therapy, medications, lumbar fusion, self-directed exercises in the pool, and a TENS unit. Per the clinical note dated 04/04/2014, it noted the injured worker was status post a lumbar fusion. The injured worker had complaints of residual bilateral sacroiliac joint pain. She reported she was participating in self-directed exercises in the pool and using a TENS unit. On physical examination, the physician reported there was tenderness of the bilateral sacroiliac joints and positive Faber's and Patrick's signs. The physician's treatment plan recommendation was for the injured worker to continue taking her medications and using the compound creams, a 1 year gym membership for self-directed exercise in and out of the pool, and a TENS unit with replacement batteries and supplies for muscular spasms. The current request is for TENS unit supplies. The rationale was for muscle spasms. The request for authorization was provided on 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): page(s) 114-116.

Decision rationale: The California MTUS Chronic Pain Guidelines state that TENS unit for chronic pain are not recommended as a primary treatment modality, but a 1 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. In reviewing the clinical documentation, there was indication that the injured worker had been using a TENS unit since 04/2012. The clinical documentation also indicated the injured worker had continued to have chronic pain for her lumbosacral spine; however, there was insufficient documentation of functional improvement from the use of the TENS unit. In the absence of sufficient documentation of functional improvement with the TENS unit, the request would not be supported. As such, the request for TENS unit supplies is not medically necessary.