

Case Number:	CM14-0081977		
Date Assigned:	07/18/2014	Date of Injury:	05/20/1999
Decision Date:	11/14/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 59-year-old woman who sustained a work-related injury on May 20, 1999. Subsequently, she developed chronic back pain. According to a note dated April 17, 2014, the patient complained of back pain. She described the pain as aching, sharp, stabbing, and throbbing. She rated the pain as a 7/10. Physical examination demonstrated normal lumbar sensation, normal reflexes, and positive facet loading maneuvers. The patient was diagnosed with thoracic spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, and degeneration of lumbar or lumbosacral intervertebral disc. The provider requested authorization for TENS unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit and supplies purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous. Decision based on Non-MTUS Citation BlueCross BlueShield, 2007; CMS Guidelines; Aetna & Humana; US Dept VA, 2001; European Federation of Neurological Studies (EFNS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of her pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit and supplies purchase is not medically necessary.