

Case Number:	CM14-0089138		
Date Assigned:	07/25/2014	Date of Injury:	11/10/2009
Decision Date:	10/15/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 California. 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:

This is a 56 year old female. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/23/14 noted subjective complaints of lower extremity pain with numbness and tingling of the left leg. Objective findings included lumbar spine and bilateral hip pain. The provider note requests TENS unit without any specific treatment plan. Diagnostic Impression: lumbar radiculopathy, chronic pain syndrome Treatment to Date: physical therapy, medication management, back surgeries A UR decision dated 5/29/14 denied the request for home TENS unit and supplies. Current medical records fail to establish conditions such as neuropathic pain, which would satisfy guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 114-115.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS

trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, in the documents provided for review, there is no specific treatment plan regarding either short or long-term goals noted. There is no specific duration or request for a trial. There is insufficient documentation to establish medical necessity for the requested home TENS unit. Therefore, the request for home TENS unit and supplies was not medically necessary.