MAXIMUS Federal Services

Case Number:	CM14-0089822		
Date Assigned:	09/10/2014	Date of Injury:	10/24/2012
Decision Date:	10/10/2014	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 Anesthesiology 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 patient is a 62-year-old male with a reported injury date of 10/24/2012. The patients' diagnoses include severe degenerative disc disease, lumbar spondylolisthesis and bilateral pars fracture, right leg radiculopathy, herniated nucleus pulposus, bone-on-bone disc space collapse at L5-S1 and diabetes. Previous treatment includes medications (unspecified) and lumbar epidural steroid injections. There is a note regarding certification of this patient for a Posterior Lumbar Interbody Fusion at L5-S1 and 05/14/2014 with a plan for surgery in June 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation Unit (TENS) 30 day rental between 5/21/14 and 7/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines TENS unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, Page(s): 113-117.

Decision rationale: Transcutaneous Electrical Nerve Stimulation (TENS) is generally not recommended primarily. Much of the study results for TENS are inconclusive. The long-term effectiveness of TENS units is questionable. According to the MTUS Chronic Pain Guidelines it

may be recommended for neuropathic pain, phantom limb pain and spasticity. TENS is often utilized to treat chronic low back pain, however, there is paucity of evidence to support this. As far as treatment coverage, according to the MTUS Chronic Pain Guidelines, CMS will cover TENS for acute post-operative pain and chronic intractable pain for up to 30 days. The criteria for utilization of TENS for intractable pain include documentation of other treatment modalities that have been tried and failed. Also required is an outline of a treatment plan including specific short and long-term goals. For post-operative pain management, according to the MTUS Chronic Pain Guidelines, it is most effective for thoracotomy pain. TENS have been shown to be not effective for all other orthopedic procedures. It is unclear if the TENS request is for treatment of intractable pain or post-operative pain. There is no clearly documented evidence that other specific pain modalities have been tried and failed. There is no documented treatment plan and/or goals for use of the TENS unit. There is no documentation of proposed necessity for the request for the TENS unit. Therefore, the above listed issue is considered to be not medically necessary.