

Case Number:	CM14-0098856		
Date Assigned:	07/28/2014	Date of Injury:	07/10/2013
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/27/2014

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 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:

According to the records made available for review, this is a 34-year-old male with a 7/10/13 date of injury. At the time (4/24/14) of request for authorization for TENS unit for home usage, lumbar spine, there is documentation of subjective and objective findings. The patient's subjective findings included new numbness, tingling and weakness. The patient's objective findings included tenderness over paralumbar extensors and facet joints, pain with extension, lumbar range of motion limited due to pain and stiffness, pain on extremes of motion, straight leg raising test positive on right, 5/5 motor strength of bilateral lower extremities except decreased extensor hallucis longus/extensor digitorum longus strength on right, sensation intact to light touch throughout bilateral lower extremities, and deep tendon reflexes bilaterally symmetric. The current diagnoses included lumbago and thoracic or lumbosacral neuritis or radiculitis, unspecified. The patient's treatment to date includes chiropractic treatment including TENS unit during treatments, and medications including Norco, Naproxen, and Flexeril. There is no documentation of a treatment plan including the specific short- and long-term goals of treatment with the TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Home Usage, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-115.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, the MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of lumbago and thoracic or lumbosacral neuritis or radiculitis, unspecified. In addition, there is documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. However, there is no documentation of a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for TENS unit for home usage for the lumbar spine is not medically necessary.