

Case Number:	CM13-0043516		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2013
Decision Date:	03/10/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained a work related injury on April 2, 2013, taking out trash, twisting at the waist immediately feeling a pop/crack in the back with severe pain on the left side of the waist. The injured worker's conservative treatments were noted to have included physical therapy, home exercise program, lumbar epidural steroid injections, and oral medications. The Primary Treating Physician's visit dated August 30, 2013, noted the injured worker with complaints of low back pain and left leg pain. The injured worker reported the pain so unbearable that did not feel was able to work anymore, rating the pain as an 8/10 with medications, and 9/10 without. The diagnoses were listed as lumbar radiculopathy, lumbosacral disorder, chronic pain insomnia, and pain in hip. The Physician noted the injured worker had continued to work full time, but that the pain had become unbearable that they would be taken off work for forty-five days. The Physician was hopeful that rest and a TENS unit would reduce the pain sufficiently to allow the injured worker to return to work. The Physician requested authorization for a Transcutaneous Electrical Nerve Stimulation (TENS) unit for purchase with instillation, TENS electrodes (four pairs) monthly supply, TENS lead wires, monthly supply, and two TENS batteries. On September 25, 2013, Utilization Review evaluated the request for a Transcutaneous Electrical Nerve Stimulation (TENS) unit for purchase with instillation, TENS electrodes (four pairs) monthly supply, TENS lead wires, monthly supply, and two TENS batteries, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the number of physical therapy visits was not documented, and there was no objective interpretation of an x-ray dated May 1, 2013. The UR Physician noted that given the information

received and especially the lack of quality medical literature suggesting that a TENS unit would be effective for the injured worker's medical condition, the request for a Transcutaneous Electrical Nerve Stimulation (TENS) unit for purchase with installation, TENS electrodes (four pairs) monthly supply, TENS lead wires, monthly supply, and two TENS batteries could not be considered medically necessary or consistent with the guideline, and was recommended non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PURCHASE W/ INSTALLATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) Page(s): 116.

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

Decision rationale: This patient presents with low back and left leg pain. The patient is status post lumbar epidural steroid injection from 10/16/2013. The treater is requesting a TENS UNIT PURCHASE WITH INSTALLATION. The patient's current work status is TTD for 45 days. The MTUS Guidelines page 114 to 116 on TENS unit states that it is 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 program of evidence-based functional restoration. The records do not show that the patient has received a 30-day TENS trial. The 08/30/2013 report notes that a request was made for a 4-week TENS rental; however, it is unclear from the documents if the patient received this request. Aside from this reference, none of the reports discuss the TENS unit, how often it was used, and there are no results documented that showed functional improvement. There is no indication that the patient has completed a 30-day trial. The MTUS Guidelines recommend a trial before its purchase. While the patient may require a 30-day trial, the current request for TENS unit purchase with installation IS NOT medically necessary.

TENS ELECTRODES (QTY 4 PAIRS) MONTHLY SUPPLY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with low back and left leg pain. The patient is status post lumbar epidural steroid injection from 10/16/2013. The treater is requesting a TENS ELECTRODES #4 PAIRS MONTHLY SUPPLY. The patient's current work status is TTD for 45 days. The MTUS Guidelines page 114 to 116 on TENS unit states that it is 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 program of evidence-based functional restoration. None of the reports show a 30-day trial of a TENS unit. There is no indication that the patient has completed a 30-day trial and the MTUS does not recommend a purchase without a trial first. While this patient may require a 30-day trial, the current request for TENS electrodes #4 pairs monthly supply IS NOT medically necessary.

MONTHLY SUPPLY TENS LEADWIRES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with low back and left leg pain. The patient is status post lumbar epidural steroid injection from 10/16/2013. The treater is requesting a MONTHLY SUPPLY TENS LEAD WIRES. The patient's current work status is TTD for 45 days. The MTUS Guidelines page 114 to 116 on TENS unit states that it is 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 program of evidence-based functional restoration. None of the reports show a 30-day trial of a TENS unit. There is no indication that the patient has completed a 30-day trial and the MTUS does not recommend a purchase without a trial first. While this patient may require a 30-day trial, the current request for TENS lead wire monthly supply IS NOT medically necessary.

TENS BATTERY (QTY 2): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with low back and left leg pain. The patient is status post lumbar epidural steroid injection from 10/16/2013. The treater is requesting a TENS BATTERY #2. The patient's current work status is TTD for 45 days. The MTUS Guidelines page 114 to 116 on TENS unit states that it is 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 program of evidence-based functional restoration. None of the reports show a 30-day trial of a TENS unit. There is no indication that the patient has completed a 30-day trial and the MTUS does not recommend a purchase without a trial first. While this patient may require a 30-day trial, the current request for TENS battery #2 IS NOT medically necessary.