

Case Number:	CM14-0134510		
Date Assigned:	08/27/2014	Date of Injury:	07/01/2006
Decision Date:	02/23/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/20/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 49-year-old man with a date of injury of July 1, 2006. The mechanism of injury was a result of a slip and fall while walking along a ditch. The IW sustained injuries to his hips, left leg, and lower back. The injured worker's working diagnoses are lumbosacral neuritis or radiculitis; lumbago; chronic pain; muscle spasm; and lumbar facet joint pain. Prior treatment has included epidural steroid injections, diagnostics, radiofrequency rhizotomy (September 2013); and medications. Pursuant to the progress note dated July 11, 2014, the IW complains of low back pain. Examination of the lumbar spine reveals very tender and tightness over the lumbosacral region on palpation. Range of motion is restricted. There is mild hypoesthesia over the lateral legs and big toes. Current medications include Norco 10/325mg, Oxycodone 10mg, Pepcid, and Soma 350mg. According to physical therapy progress noted from May, June and July of 2014, the IW was using a TENS unit during his PT sessions. The TENS provided only temporary relief according to the documentation. According to the progress note dated July 11, 2014, there was no discussion by the treating physician regarding TENS unit. The current request is for a TENS unit purchase with electrodes X 8 and batteries X 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase with electrodes x 8 and 3 and batteries x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, Page(s): 116. Decision based on Non-MTUS Citation Pain Section, TENS Unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit purchase with electrodes times eight and batteries times three is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based tens trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The criteria are enumerators in the Official Disability Guidelines. They include, but are not limited to, documentation of pain at least three months duration; a one month trial should be documented within a functional restoration approach with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; other ongoing pain treatment should be documented including medication use; specific short and long-term goals of treatment; etc. In this case, the injured worker's working diagnoses are lumbosacral neuritis or radiculitis; lumbago; chronic pain; muscle spasm; and lumbar facet joint pain. Prior treatment has included epidural steroid injections, diagnostics, radiofrequency rhizotomy (September 2013); and medications. According to physical therapy progress notes ranging from May 2014 through July 2014, the injured worker was receiving TENS therapy during physical therapy sessions. The documentation does not contain evidence of functional benefit from electrical stimulation while under the supervision of a licensed physical therapist. There were no reductions in medication use. The injured worker continued on oxycodone, Norco and Soma at the same frequency and quantity. Consequently, absent clinical documentation to support TENS purchase with evidence of objective functional improvement during physical therapy sessions, specific short and long-term goals of treatment, TENS unit purchase with electrodes times eight and batteries times three is not medically necessary.