

Case Number:	CM14-0140611		
Date Assigned:	09/10/2014	Date of Injury:	12/07/2000
Decision Date:	01/30/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/29/2014

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 Internal Medicine, has a subspecialty in HPM, and is licensed to practice in Pennsylvania. 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:

The injured worker is a 54-year-old gentleman with a date of injury of 12/07/2000. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 07/25/2014 indicated the worker was experiencing lower back pain that went into the right leg, leg weakness involving both sides, and right leg numbness and tingling, lower back stiffness and spasm, decreased sleep, and anxious mood. The documented examinations described positive testing involving raising the straightened right leg. The submitted and reviewed documentation concluded the worker was suffering from lumbar post-laminectomy syndrome and degenerative lumbar disk(s). Treatment recommendations included oral pain medication, continued TENS, and follow up care. A Utilization Review decision was rendered on 08/11/2014 recommending non-certification for a TENS unit, electrodes, and pad for an indefinite amount of time. Treating physician notes dated 06/09/2014 and 09/11/2014 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit electrodes pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. There was no discussion indicating any of the conditions or situations described above, the detailing the results of a one-month TENS trial, or describing short- and long-term therapy goals. In the absence of such evidence, the current request for a TENS unit, electrodes, and pad for an indefinite amount of time is not medically necessary.