

Case Number:	CM14-0170382		
Date Assigned:	11/17/2014	Date of Injury:	05/13/2014
Decision Date:	01/05/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Medicine and is licensed to practice in Florida. 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 patient is an adult male who injured his back in 2005. The exact mechanism of injury is not described. A December 16th 2013 progress note is made available for review. At this visit an MRI of the Lumbar spine was recommended, but the provided documentation does not include the results. The only physical exam that has been provided in the limited documentation is on this progress note. He is noted to have tenderness with palpation around the right SI joint. Facet loading was noted to be positive on the right only. He had full range of motion of the lumbar spine and a negative straight leg raise. Strength and sensation were a 5/5 and 2/2 of respectively in the lower extremities. His Achilles deep tendon reflexes were symmetric. Treatment has included NSAIDS and a home stretching program. A TENS unit rental was requested, but not authorized by a utilization review physician. Likewise, an Independent Medical Review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Rental: 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): 114-117.

Decision rationale: California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. 2. There is evidence that other appropriate pain modalities have been tried (including medication) and failed one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities 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; rental would be preferred over purchase during this trial. 3. Other ongoing pain treatment should also be documented during the trial period including medication usage. 4. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. 5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case does not meet the recommended criteria since no treatment plan (that includes short and long term goals) was submitted. There is also no documentation that other treatment modalities have been tried and failed. Likewise, this request for a TENS unit rental is not medically necessary.