

Case Number:	CM14-0204606		
Date Assigned:	12/16/2014	Date of Injury:	01/27/2010
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Practice, and is licensed to practice in Ohio. 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 57-year-old male with a date of injury of January 27, 2010. He complains of low back pain radiating to the lower extremities with associated numbness and tingling and right knee pain. He has previously had a microdiscectomy/laminectomy from L5 to S1 and a right knee arthroscopy in May of 2013. The physical examination reveals tenderness over the lumbar scar, restricted lumbar range of motion, and patchy sensation of the left lower extremity. There is weakness with regard to left great toe dorsiflexion. Right knee reveals a range of motion from 0-120 with crepitus. There is tenderness of the medial and lateral joint lines. The injured worker rates pain at 6-7/10 without medication and 3-4/10 medication. The diagnoses include chronic low back pain sciatica, lumbar spondylosis, failed back surgery, and degenerative disc disease. The medications include Norco, Deseryl, Pamelor, and Lidopro cream. At issue is a request for purchase of a TENS unit along with the necessary supplies. A letter from the treating physician dated October 22, 2014 states that the TENS unit rental worked well to help reduce the injured worker's back pain. The utilization review physician did not certify this request on the basis that there were no results from the TENS trial in terms of changes in functionality and pain scores.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) unit and supplies purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The referenced guidelines allow for the use of a TENS unit for chronic intractable pain from spasticity associated with multiple sclerosis or spinal cord injury, neuropathic pain sources, and chronic regional pain syndrome type II provided there is:- Documentation of pain of at least three months duration- There is evidence that other appropriate pain modalities have been tried(including medication) and failed- A 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.- Other ongoing pain treatment should also be documented during the trial period including medication usage- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this instance, the submitted documentation does not indicate how often the unit was used or what the outcomes were in terms of pain relief and function apart from very general statements. Additionally there is no submitted treatment plan indicating specific short and long-term goals associated with the use of the unit. Consequently, a Transcutaneous Electrical Nerve Stimulation (TENS) unit and supplies purchase is not medically necessary per the referenced guidelines and in accordance with the submitted documentation.