

Case Number:	CM14-0206618		
Date Assigned:	01/30/2015	Date of Injury:	07/09/2010
Decision Date:	03/03/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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

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 patient is a 40 year-old male with a 7/09/2010 date of injury. According to the 10/20/14 report, the patient presents with low back pain/failed back syndrome and has been diagnosed with post laminectomy, lumbar; and lumbar radiculopathy. The report states the patient went through inpatient detoxification and was released on 4/3/14 and is completely off opiate medications. This is not consistent with the "current medication" section of the same report shows the patient is using Dilaudid 8mg bid; and OxyContin 60mg tid. The physician requests a TENS unit for muscle spasms. On 12/01/2014 utilization review denied a TENS unit purchase because the patient did not first undergo a 30-day trial period as required under the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: 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 electrical nerve stimulation Page(s): 114-121.

Decision rationale: The patient has low back pain with lower extremity radicular pain. He has been diagnosed with failed back syndrome and the physician requested a TENS unit for muscle spasms. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, Criteria for the use of TENS states 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. The available medical records from 4/03/14 to 12/02/14 do not show that the patient had a one-month trial of TENS with discussion of pain relief, function or how often the unit was used. The MTUS criteria for a TENS unit has not been met. The request for a TENS Unit IS NOT medically necessary.