MAXIMUS Federal Services

Case Number:	CM14-0208959		
Date Assigned:	12/22/2014	Date of Injury:	09/12/2007
Decision Date:	02/11/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine and is licensed to practice in California. 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 (IW) is a 49-year-old woman with a date of injury of September 12, 2007. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar spine strain with radiculitis; and acid reflux. The treating physician is requesting TENS unit. A clinical note with a comprehensive history and physical examination of the IW was not provided for review. There was no documentation or evidence that other appropriate pain modalities such as medications and physical therapy have failed. A treatment plan including short term and long term goals associated with the use of TENS unit was not submitted for review. Pursuant to the most recent a handwritten progress note from the primary treating physician dated September 4, 2014, the IW reports she is unchanged and remains symptomatic without treatment. She completed a QME on July 24th and August 1st. Depression continues. Objectively, there is lumbar spine tenderness with decreased range of motion. There is decreased sensation at L4-L5 with positive straight leg raise. The treatment plan recommendations include await GI consult, trial Lexapro for depression, encourage home exercise program, and refills medications and topicals. TENS unit is not mentions in progress note. It is unclear which body part the TENS was intended for. The current request is for TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: 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): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS for chronic pain is not recommended as a primary treatment modality, but a one-month home-based tens trial may be considered as a noninvasive conservative option is used as an adjunct to a program of evidence-based functional restoration, including reductions medication use. The criteria for TENS use are enumerated in the Official Disability Guidelines. They include, but are not limited to, evidence that appropriate pain modalities have been tried and failed; a one month trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; other ongoing pain treatment; specific short long-term goals of treatment; etc. In this case, there was no detailed documentation regarding clinical support, clinical indications or clinical rationale for a TENS unit. There was no comprehensive history of physical examination or assessment and plan indicating a TENS unit is necessary. Additionally, the documentation did not contain evidence of other pain modalities that were tried and failed, there was no evidence of a TENS unit one month trial, and there were no specific short and long-term goals submitted. Consequently, absent clinical documentation, clinical indication, clinical rationale to support TENS unit, TENS Unit is not medically necessary.