

Case Number:	CM14-0213830		
Date Assigned:	12/31/2014	Date of Injury:	05/06/2013
Decision Date:	12/16/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male with an industrial injury date of 05-06-2013. Medical record review indicates he is being treated for lumbar degenerative disc disease, lumbar spondylosis without myelopathy, osteoarthritis, sacroiliac ligament sprain-strain, lumbosacral or thoracic neuritis or radiculitis, chronic pain syndrome and spinal stenosis lumbar region. Subjective complaints (11-25-2014) included low back pain status post lumbar 3-sacral 1 fusion surgery. The injured worker had a trial of a TENS unit for low back for 15 minutes. The treating physician noted the patient tolerated well, with pain decreased from 5 to 4.5 out of 10, muscles more relaxed and increased range of motion. Prior treatment included medications, heat therapy and physical therapy. Objective findings (11-25-2014) included antalgic gait. The injured worker ambulated with a cane on right side. On 12-08-2014 the request for 1 transcutaneous electrical nerve stimulation (TENS) unit for home use, purchase (dispensed) related to lumbar spine symptoms was non-certified by utilization review.

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 for home use, purchase (dispensed), related to lumbar spine symptoms, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in May 2013 and underwent a multilevel lumbar fusion in September 2013. He continues to be treated for chronic pain. In November 2014 he had pain rated at 5/10. He underwent a trial of TENS for the low back for 15 minutes which was well-tolerated. He had a decrease in pain to 4.5/10 with increased range of motion and more relaxed muscles. He was noted to ambulate with a cane. Authorization was requested for a home TENS unit. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. The claimant did not have a clinically significant decrease in pain during the 15 minutes of use prior to the request. Providing a TENS unit for indefinite use without demonstrated benefit during a home based trial is not medically necessary.