

Case Number:	CM14-0215283		
Date Assigned:	01/21/2015	Date of Injury:	07/22/1997
Decision Date:	02/28/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/23/2014

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, Hawaii
 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 64 year old male with date of injury 07/22/97. The treating physician report dated 10/27/14 (41) indicates that the patient presents with pain affecting his neck and low back. The physical examination findings reveal cervical tenderness with limited range of motion, tenderness in the lumbar spine with spasms and severely limited range of motion, and absent Achilles reflexes bilaterally. The patient walks with a walker or electric cart. Prior treatment history includes LESI, lumbar surgery, and at-home physical therapy. MRI findings reveal neural foraminal narrowing L1 through L5. Current medications are Norco, Temazepam, and Vallium. The current work status is permanent and stationary. The current diagnoses are: 1. Chronic Back Pain. 2. Adjacent Segment Disease. 3. Retrolisthesis L2-34. Canal Stenosis L2-3
 The utilization review report dated 11/22/14 denied the request for TENS Unit based on no evidence of the patient suffering from any condition mentioned for this DME (8).

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: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The patient presents with pain affecting his neck and low back. The current request is for TENS Unit. The treating physician states that the patient rates their pain as 7/10 in the neck and 8/10 in the low back.(41) The MTUS guidelines state, “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. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted.”In this case, the treating physician has not documented if the patient has ever had a one month trial with a TENS unit and if so, how often the patient used the unit and if it provided any relief for the patient. The current request is not medically necessary and the recommendation is for denial.