

Case Number:	CM14-0056348		
Date Assigned:	07/09/2014	Date of Injury:	10/02/2013
Decision Date:	01/16/2015	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/25/2014

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 50-year-old man with a date of injury of October 2, 2013. The mechanism of injury was not documented in the medical record. The current diagnoses were not documented. Prior treatments have included 10 sessions of physical therapy (PT), which did not help. According to documentation, the electrical stimulation aspect of the modalities of therapy helped him. The IW was taking Flexeril, which is not helping. The provider is switching the muscle relaxant to Soma 350mg. Dilaudid was changed to Norco for the same reason. Pursuant to the March 10, 2014 progress note, the IW continues to have severe back pain and muscle spasms despite physical therapy. His legs can give out on him and this is associated with pain. He also has radiating pain up his spine as well as migraine headaches. Objectively, the IW can flex the lumbar spine to 30 degrees, does not reverse his lumbar curve well. He extends from the flexed position with a great deal of lumbar discomfort. The treating physician is requesting TENS unit to rent for 3 months with associated paraphernalia. The rationale for this is back pain and improved pain with electrical stimulation during PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Rental x3 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tens unit rental times three months is not medically necessary. TENS, chronic stimulation is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration including reductions in medication use. Functional improvement measures are recommended. The importance of this assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include work functions and/or activities of daily living self-report of disability, physical impairments, and approach to self-care and education. The criteria for TENS use are enumerated in the Official Disability Guidelines. Criteria include, but are not limited to, evidence that other appropriate pain modalities have been tried 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 unit was used, as well as outcomes in terms of pain relief and function; a treatment plan including specific short and long-term goals of treatment with the tens unit should be submitted; etc. In this case, the injured worker is a 50-year-old that sustained an injury on October 2, 2013. The injured worker underwent physical therapy without relief. During physical therapy he received some sort of electrical stimulation and had some degree of relief. He continues to have severe back pain and muscle spasm. The injured worker is taking opiates and muscle relaxants. The documentation does not contain evidence of specific short and long-term goals of treatment with the tens unit. Additionally, a one-month trial with the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach. The treating physician is requesting the three-month trial. There is no documentation of functional improvement measures being followed pursuant to the recommendations. Consequently, absent the appropriate clinical indication for TENS unit rental times three months, TENS unit rental times three months is not medically necessary.