

Case Number:	CM15-0004051		
Date Assigned:	01/15/2015	Date of Injury:	01/12/2010
Decision Date:	03/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/08/2015

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 injured worker is a 66 year old female with a date of injury as 01/12/2010. The cause of the injury occurred when the worker was restraining a student. The current diagnoses include low back pain, bulging disc, and right lumbar radiculopathy. Previous treatments include medications, aquatic therapy, home exercise program, and previous trial of a TENS unit. Physician's reports dated 10/16/2013 through 11/21/2014 were included in the documentation submitted for review. Report dated 11/21/2014 noted that the injured worker presented with complaints that included low back pain with pain radiating to the right posterior thigh. Physical examination revealed tenderness to palpation over the right lumbar paraspinal muscles and right gluteus muscle, spasm in the cervical paraspinal, thoracic paraspinal, and lumbar paraspinal muscles, limited range of motion, and positive straight leg raise on the right. Treatment plan included continuation with current medication regimen, home exercise program, and initial TENS trial. The documentation submitted did not include an evaluation of the initial trial of the TENS unit. The injured worker is on modified work restrictions. The utilization review performed on 11/25/2014 non-certified a prescription for purchase of TENS unit, purchase of electrodes 6 pairs per month for 6 months based on documentation from prior approval for trial of a TENS unit was not submitted for review. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS Unit; and purchase of TENS Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS - transcutaneous electrical nerve stimulation Page(s): 114-116.

Decision rationale: The patient presents with unrated lower back pain which radiates to the right posterior thigh, and discomfort and unrated pain in the upper, mid, and lower cervical spine. The patient's date of injury is 01/12/10. Patient has no documented surgical intervention directed at this complaint. The request is for PURCHASE OF TENS UNIT AND PURCHASE OF TENS ELECTRODES. The RFA for this request was not provided. Physical examination dated 12/02/14 revealed tenderness to palpation of the right lumbar paraspinal muscles and right gluteus muscle. Treater notes spasm of the cervical, thoracic, and lumbar paraspinal muscles and limited range of motion on extension. The patient is currently prescribed Lipitor, Mavik, Flector, Ativan, and AcipHex. Diagnostic imaging as not included with the reports provided. Patient is currently working modified duties. MTUS guidelines pages 114-116 under TENS - transcutaneous electrical nerve stimulation- for chronic pain states: 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, for the conditions described below." MTUS further states use is for neuropathic pain. In regards to the request for a purchase of a TENS unit for use at home in the management of this patient's intractable chronic pain, treater has not provided evidence of the success of a 30-day trial of the unit. Furthermore, the chronological timeline of this request is not consistent with an intent to conduct a trial before purchase. Progress note 11/21/14 treatment plan states "Referral initiated to TENS for purchase", progress note 12/02/14 treatment plan states: "Referral initiated to TENS trial". No mention is made in regards to a home TENS unit trial success. Without documented pain reduction and functional improvement following a 30 day trial of the TENS unit, the purchase of a device cannot be substantiated. Therefore, the request IS NOT medically necessary.

6 pairs per month for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS - transcutaneous electrical nerve stimulation Page(s): 114-116.

Decision rationale: The patient presents with unrated lower back pain which radiates to the right posterior thigh, and discomfort and unrated pain in the upper, mid, and lower cervical spine. The patient's date of injury is 01/12/10. Patient has no documented surgical intervention directed at this complaint. The request is for 6 PAIRS PER MONTH FOR 6 MONTHS. The RFA for this

request was not provided. Physical examination dated 12/02/14 revealed tenderness to palpation of the right lumbar paraspinal muscles and right gluteus muscle. Treater notes spasm of the cervical, thoracic, and lumbar paraspinal muscles and limited range of motion on extension. The patient is currently prescribed Lipitor, Mavik, Flector, Ativan, and AcipHex. Diagnostic imaging as not included with the reports provided. Patient is currently working modified duties. MTUS guidelines pages 114-116 under TENS -transcutaneous electrical nerve stimulation- for chronic pain states: "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, for the conditions described below." MTUS further states use is for neuropathic pain. In regards to the request for a purchase of a 6 month supply of TENS electrodes for use in the management of this patient's intractable chronic pain, treater has not provided evidence of the success of a 30-day trial of the unit. No mention is made regarding the success of a trial period or that one has been completed. Without documented pain reduction and functional improvement following a 30 day trial of the TENS unit, the purchase of electrodes for the device cannot be substantiated. Therefore, the request IS NOT medically necessary.