

Case Number:	CM15-0012482		
Date Assigned:	01/30/2015	Date of Injury:	10/31/2008
Decision Date:	04/13/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 51 year old female with an injury date of 10/31/2008. She presents with low back pain. She had been using TENS unit which had broken and she was requesting a new one. She used it 2-3 times per week along with a heating pad for a few hours. She had been exercising on a treadmill 4 times per week. Physical exam revealed paraspinal muscle tenderness. Forward flexion is full and painless and she was able to arise quickly. Strength was normal in lower extremities. Prior treatment included medications, TENS unit and treadmill. Diagnosis included shoulder injury with shoulder pain and back injury with back pain. On 01/16/2015 utilization review denied the request for a TENS unit for lumbar spine. The request was unspecified if purchase or rental. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit for the lumbar spine: Upheld

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

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 is not recommended as a primary treatment modality, but a one-month home-based 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. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnosis is back pain. Progress note dated December 23, 2014 did not contain a diagnosis. The injured worker states her TENS unit broke. On physical examination the worker had a normal gait, deep tendon reflexes were normal bilaterally and there were no paresthesias noted. Examination of the spine showed paraspinal muscle tenderness. The documentation did not indicate how long the injured worker was using the TENS unit. There was no documentation on whether the broken unit was a rental or purchase. Additionally, there is no documentation with objective functional improvement with ongoing TENS use. Consequently, absent clinical documentation with objective functional improvement and information indicating whether the unit was a rental or purchase and the length of time used, TENS unit is not medically necessary.