

Case Number:	CM15-0184351		
Date Assigned:	09/24/2015	Date of Injury:	02/26/2007
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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:

This is a 54 year old male with a date of injury on 2-26-2007. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar facet syndrome, myofascial pain and lumbar radiculopathy. Medical records (3-17-2015 to 8-24-2015) indicate ongoing low back pain with radiation to the lower extremities with intermittent numbness and tingling. The injured worker reported doing a home exercise program and using a transcutaneous electrical nerve stimulation (TENS) unit with mild symptom relief. He rated his pain six out of ten. Per the treating physician (8-24-2015), the injured worker was working part-time. The physical exam (8-24-2015) revealed an antalgic gait, decreased lumbar range of motion and decreased sensation to the left lower extremity. Treatment has included transcutaneous electrical nerve stimulation (TENS), exercise and medications. Current medications (8-24-2015) included Gabapentin, Omeprazole and Lidopro ointment. The original Utilization Review (UR) (9-9-2015) denied a request for transcutaneous electrical nerve stimulation (TENS) unit patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit patches x 2: Overturned

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 54 year old patient complains of lower back pain radiating to the lower extremity, rated at 6/10, with numbness and intermittent tingling, as per progress report dated 08/24/15. The request is for TENS unit patches x 2. The RFA for this case is dated 08/24/15, and the patient's date of injury is 02/26/07. Diagnoses, as per progress report dated 08/24/15, included lumbar degenerative disc disease, lumbar facet syndrome, lower and/or upper extremity pain, myofascial pain, lumbar radiculopathy, gastritis, hypertension, and diabetes mellitus. Medications included Gabapentin, Lidopro cream, and Omeprazole. The patient works part time as a security guard, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009 guidelines, Chronic Pain Medical Treatment Guidelines 2009 on page 116, Criteria for the Use of TENS section require (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. In this case, a request for TENS patch is first noted in progress report dated 03/17/15. Although several progress reports since then include the request, it is not clear when this treatment modality was initiated. The treater does not document specific increase in function and reduction in pain due to prior use of the TENS unit. However, as per progress report dated 08/24/15, TENS along with HEP, self TPT, and heating pad provides mild relief. It appears that the patient has been using TENS for a significant period of time with some benefit. The request for pads, therefore, appears reasonable and IS medically necessary.