

Case Number:	CM15-0023412		
Date Assigned:	02/13/2015	Date of Injury:	08/29/2009
Decision Date:	03/30/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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 29 year old female, who sustained an industrial injury on 8/29/2009. The diagnoses have included lumbago, spinal stenosis, lumbar radiculopathy and muscle spasm. Treatment to date has included facet joint injections, epidural injections and trigger point injections and pain medication. Surgical history included L4-L5 microdiscectomy. Per the progress note dated 9/4/2014, the injured worker was seen for chronic pain syndrome. She was noted to have a home Transcutaneous Electrical Nerve Stimulation (TENS) unit that was helpful. According to the progress note dated 10/6/2014, the injured worker was seen for chronic lumbar pain. Current medications included Tylenol/Codeine, Neurontin and Flexeril. The injured worker had numbness and tingling in the bilateral lower extremities; left big toe was numb all the time. Physical exam of the back revealed tenderness to palpation. On 1/30/2015, Utilization Review (UR) non-certified a request for a Transcutaneous Electrical Nerve Stimulation (TENS) unit purchase for the low back. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation 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 should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; 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 diagnoses are chronic pain syndrome; lumbago; spinal stenosis of lumbar region; muscle spasm; insomnia, unspecified; and constipation. The progress note dated September 4, 2014 mentions the TENS unit in the pain section of the document. It states the injured worker has a home tens unit and it does help. There is no other documentation in the medical record discussing a clinical indication or rationale for a TENS unit. The utilization review states the injured worker had a TENS trial. However, there was no documentation of a TENS trial with functional improvement, how often the unit was used and outcomes in terms of pain relief. The documentation did not contain specific short and long-term goals with the TENS unit. Consequently, absent documentation with a TENS trial, functional improvement and the clinical indication and/or rationale for the TENS unit, TENS unit is not medically necessary.