

Case Number:	CM15-0217720		
Date Assigned:	11/09/2015	Date of Injury:	10/05/2012
Decision Date:	12/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/05/2015

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 56-year-old female with a date of injury on 10-5-12. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain. Progress report dated 9-28-15 reports continued complaints of lower back pain and left lower extremity pain. The pain is rated 7 out of 10. Current medications include: fentanyl patch, dilaudid, effexor and norflex. She reports doing quite well on norflex and requests a refill. She trialed the TENS unit and states it is very effective for pain relief. Physical exam: she has full strength of lower extremities, decreased sensation in left lower extremity and mild depression. Treatments include: medication, physical therapy, lumbar laminectomy August 2013. Request for authorization dated 9-2815 was made for TENS (transcutaneous electrical nerve stimulation) unit, Home, purchase. Utilization review dated 10-6-15 non-certified the request.

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, Home, purchase: 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 56-year-old patient complains of low back pain, rated at 7/10, along with left lower extremity pain, as per progress report dated 09/28/15. The request is for TENS (transcutaneous electrical nerve stimulation) unit, Howe, purchase. The RFA for this case is dated 09/28/15, and the patient's date of injury is 10/05/12. The patient is status post L4-5 decompression in 2013 with significant residuals, as per progress report dated 09/28/15. Diagnoses also included L3-4 and L4-5 unstable spondylolisthesis with L4-5 severe left-sided facet changes, C5-6 spondylosis, chronic pain, hypertension and obesity. Medications included Fentanyl patch, Dilaudid, Effexor, and Norflex. In an orthopedic progress report dated 09/29/15, the surgeon is requesting authorization for anterior lumbar interbody fusion at L4-5. The patient is temporarily totally disabled, as per progress report dated 08/31/15. For TENS unit, MTUS chronic pain guidelines 2009, on page 116 and Transcutaneous Electrotherapy 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, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." In addition, the recommended trial period is for only 30 days. In this case, the request for TENS unit is noted in progress report dated 09/28/15. The Utilization review denied the request as there was no quantification of pain relief in terms of a VAS score, there was no documentation of reduced medication usage, and there was no evidence of the patient's participation in functional restoration. As per pain management progress report dated 09/28/15, TENS unit "is quite effective in regards to pain relief. It improves her ADLs especially her ability to drive." The patient is able to use the unit after driving to achieve significant pain relief. The treater is, therefore, requesting for a purchase of the TENS unit. In a prior report dated 08/31/15, the treater requested for a one month trial of the TENS unit due to the failure of other treatment modalities. In that the report, the treater indicated that "we will follow her pain relief during the TENS trial period and we discussed her specific long and short term goals." Given the efficacy of the trial in terms of reduction in pain and improvement in function, the request for TENS unit purchase appears reasonable and IS medically necessary.