

Case Number:	CM15-0030193		
Date Assigned:	02/23/2015	Date of Injury:	03/09/2014
Decision Date:	04/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/18/2015

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 29-year-old male sustained a work related injury on 03/09/2014. According to a progress report dated 01/16/2015, subjective complaints were noted as TENS trial today, low back pain 1 on a scale of 1-10 radiating down the bilateral lower extremities, right greater than left. He was able to walk on heels and toes. Gait was normal. Diagnoses included lumbar sprain/strain. Treatment plan included continue conservative care, TENS trial today, patient education given on proper use, return to clinic for Thera cane, ultrasound treatment, continue acupuncture 6 sessions and obtain previous records. Pain was rated 1 on a scale of 1-10 for pre and post treatment of TENS unit trial. On 01/27/2015, Utilization Review non-certified purchase of transcutaneous electrical nerve stimulation (TENS) unit. According to the Utilization Review physician, the injured worker had a TENS trial in the clinic on 01/16/2015 and reported 1/10 pre and post-trial pain. However, the information submitted did not reflect previous use of this device in the clinical setting with specific and sustained functional improvement following. Furthermore, there was limited indication that this was to be used as an adjunct to evidence-based function restoration. CA MTUS Chronic Pain Medical Treatment Guidelines, page 114 was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

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

Decision rationale: This patient presents with low back pain, radiating down the bilateral lower extremity, right greater than left. On 1/16/15, the treating physician initiated a trial TENS. This is a request for PURCHASE OF TRANCUTANEOUS ELECTRIC NERVE STIMULATION UNIT TENS. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the treating physician is requesting a TENS unit purchase, but has not document a successful home one-month trial. The requested TENS unit IS NOT medically necessary.