

Case Number:	CM15-0037746		
Date Assigned:	03/06/2015	Date of Injury:	08/02/2011
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 38-year-old female, who sustained a work related injury on 8/2/11. The diagnoses have included lumbar spine herniated nucleus pulposus and lumbar spine degenerative disc disease with facet arthropathy. Treatments to date have included 7 sessions of chiropractic treatment with benefits, 4 sessions of acupuncture treatment with benefits and medications. In the PR-2 dated 11/7/14, the injured worker complains of occasional achy low back pain. She rates this pain a 2-3/10. She states she has occasional cramping down her right leg to thigh. She has trouble with standing and sitting for long periods of time. She has tenderness to touch of the lumbar musculature. She has limited range of motion in low back. She has achy neck pain with pain that radiates to the right shoulder. She rates this pain a 7-8/10. The request for Independent Medical Review is for a TENS unit. On 2/10/15, Utilization Review non-certified a retrospective request for a TENS unit for lumbar and cervical spine and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for monthly rental of TENS (transcutaneous electrical nerve stimulation) unit for the lumbar spine, cervical spine and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 116.

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

Decision rationale: According to the 10/06/2014 progress report, this patient presents with low back pain with shooting pain down the right lower extremity to toes and neck pain that radiates to the right shoulder. The current request is for Retrospective request for monthly rental of TENS (transcutaneous electrical nerve stimulation) unit for the lumbar spine, cervical spine and right wrist. The request for authorization is not included in the file for review. The patient's disability status is Permanent and stationary. Regarding TENS units, the MTUS guidelines state: 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. The guidelines further state TENS units may be appropriate for neuropathic pain. Based on the records made available for review, the patient has cervical and lumbar neuropathic pain. Per 09/19/2014 report, the treating physician indicated that the patient has been authorized for the TENS unit and she is provided with an Rx for this today. The 10/06/2014 report state TENS was efficacious previously at physical therapy. In this case, the patient has had a one-month TENS unit trial with benefit. The requested monthly rental of TENS unit appear reasonable. However, the treating physician has failed to document how often the unit was use and pain relief and function with the use of the unit as required by the MTUS. Therefore, the request IS NOT medically necessary.