

Case Number:	CM15-0043377		
Date Assigned:	03/13/2015	Date of Injury:	09/25/2007
Decision Date:	04/16/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 61 year old male sustained a work related injury on 09/25/2007. According to a progress report dated 11/03/2014, the injured worker was seen for low back pain. The pain was reduced since the last visit but was still there. Pain went into the left buttock and legs but had improved from previously. TENS unit was helpful during therapy. Medication regimen included Norco and Baclofen. Diagnostic impression included lumbar disc protrusion, lumbar degenerative disc disease, diabetes with peripheral neuropathy and lumbar facet dysfunction. Treatment recommendations included Baclofen, Norco, home TENS units and a home exercise program. The provider noted that the injured worker would return in four weeks and follow-up on the results of Electromyography/Nerve Conduction Velocity studies that were being done that day.

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 ACOEM, Chronic Pain Treatment Guidelines acupuncture, Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes: 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was a vague report of him experiencing some benefit from a TENS unit use during his physical therapy, however, no more details were provided in the documentation provided for review. Also, there was no evidence of a successful home trial (rental) to precede this request for purchase. Therefore, the TENS unit purchase request is premature and will be considered medically unnecessary.