

Case Number:	CM15-0049520		
Date Assigned:	03/23/2015	Date of Injury:	02/15/2011
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/16/2015

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 56 year old male, who sustained an industrial injury on February 15, 2011. He reported low back pain. The injured worker was diagnosed as having low back pain, chronic pain syndrome and myospasm. Treatment to date has included diagnostic studies, conservative treatments, medications and activity restrictions. Currently, the injured worker complains of low back pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 3, 2015, revealed continued chronic low back pain. It was noted he had a history of gastric ulcers secondary to nonsteroidal anti-inflammatory use. Pain medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: The patient was injured on 02/15/11 and presents with low back pain. The request is for TENS UNIT SUPPLIES (RENTAL OR PURCHASE). The RFA is dated 03/03/15 and the patient is to remain on modified work. The 02/17/15 report states that "follow-up will be in two weeks for a TENS trial." The 03/03/15 report states that "TENS demonstrated/dispensed today with improvement of pain to a 2." Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient is diagnosed with low back pain, chronic pain syndrome, and myospasm. He has palpable iliosacral joint tenderness with myospasm, right greater than left. The details, history and efficacy of the prior TENS unit are unclear. The MTUS guidelines states TENS can be used for neuropathic pain, but the patient's current presentation appears to be related to nociceptive pain from the lower back. Usage of TENS requires documentation of any pain relief, duration of relief, and improved function. It is not clear if this is the patient's trial of the TENS unit or if the patient has already purchased the TENS unit. There is no indication of how long the patient used this unit for, no evidence of a 1 month trial as indicated by MTUS guidelines, and no clear documentation of any benefit with the TENS. There is only a general statement indicating how the TENS allowed "improvement of pain to a 2." Therefore, the requested TENS unit supplies IS NOT medically necessary.

TENS patch 2 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 116.

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

Decision rationale: The patient was injured on 02/15/11 and presents with low back pain. The request is for TENS PATCH 2 PAIRS. The RFA is dated 03/03/15 and the patient is to remain on modified work. The 02/17/15 report states that "follow-up will be in two weeks for a TENS trial." The 03/03/15 report states that "TENS demonstrated/dispensed today with improvement of pain to a 2." Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient is diagnosed with low back pain, chronic pain syndrome, and myospasm. He has palpable iliosacral joint tenderness with myospasm, right greater than left. The details, history and efficacy of the prior TENS unit are unclear. The MTUS guidelines states TENS can be used for neuropathic pain, but the patient's current presentation appears to be related to nociceptive pain from the lower back. Usage of TENS requires documentation of any pain relief,

duration of relief, and improved function. It is not clear if this is the patient's trial of the TENS unit or if the patient has already purchased the TENS unit. There is no indication of how long the patient used this unit for, no evidence of a 1 month trial as indicated by MTUS guidelines, and no clear documentation of any benefit with the TENS. There is only a general statement indicating how the TENS allowed "improvement of pain to a 2." Therefore, the requested TENS patch 2 pairs IS NOT medically necessary.