

Case Number:	CM14-0119990		
Date Assigned:	08/06/2014	Date of Injury:	07/01/1999
Decision Date:	10/15/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old female who has submitted a claim for lumbar sprain associated with an industrial injury date of 07/01/1999. Medical records from 07/14/2014 to 07/15/2014 were reviewed and showed that patient complained of low back pain (pain scale grade not specified) radiating down the right leg. Physical examination revealed tenderness over lumbar paraspinal muscles, decreased lumbar ROM, and intact sensation of lower extremities. Treatment to date has included TENS, physical therapy, Toradol injection (07/15/2014), and pain medications. Of note, the patient reported pain relief with TENS and pain medications. However, frequency of TENS use and functional improvement were not documented. It was unclear as to whether the patient was actively participating in rehabilitation program. Utilization review dated 07/23/2014 denied the request for Electrode gel pads 2PR Sensaderm Non-Sterile RND TIP 2.9 DIA for tens because details of the TENS use were not clarified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrode gel pads 2PR Sensaderm non-sterile RND TIP 2.9" DIA for TENS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. 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 period. In this case, the patient had previous use of TENS with reported pain relief. Although, the guidelines require documentation of how often the unit was used, as well as outcomes in terms of pain relief and function as adjunct to functional restoration program, the patient did experience pain relief with previous use of TENS. Therefore, the request for Electrode gel pads 2PR Sensaderm non-sterile RND TIP 2.9 DIA for TENS is medically necessary.