

Case Number:	CM14-0121577		
Date Assigned:	09/16/2014	Date of Injury:	05/07/1991
Decision Date:	10/17/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 70-year-old female who has submitted a claim for probable acute lumbar radiculopathy associated with an industrial injury date of May 7, 1991. Medical records from 2014 were reviewed, which showed that the patient complained of increased low back pain radiating down the right leg. Examination of the lumbar spine revealed tenderness in the lower lumbar paravertebral musculature, decreased ROM, decreased sensation to pinprick in the right lower extremity below the knee, normal DTRs bilaterally, and positive SLR test on the right. Treatment to date has included medications and TENS that had been used by the patient in the past for acute exacerbations but was turned off. Utilization review from July 25, 2014 denied the request for TENS Unit Supplies because there was no mention of the patient having had need for a one month trial with rental of a TENS unit as recommend in the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As stated on pages 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient was described to have an acute exacerbation of pain over the last few days. She had prior use of TENS but the details were not provided; it is not known whether the patient had a one-month trial already. It was not shown in the records that appropriate pain modalities have been tried and failed. There was no treatment plan that includes specific short- and long-term goals of treatment with the TENS unit. The criteria for the use of TENS unit were not satisfied. Therefore, the request for TENS unit supplies is not medically necessary.