

Case Number:	CM14-0123400		
Date Assigned:	09/05/2014	Date of Injury:	10/17/2006
Decision Date:	10/08/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/04/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 44-year-old female who reported an injury on 10/17/2006. The injury reportedly occurred when she was reaching for a document and felt sudden pain in the lumbar spine. Her past treatments were noted to have included use of a TENS unit, activity modification, physical therapy, epidural steroid injections, and medications. She is diagnosed with lumbar radiculopathy. On 04/16/2014, the injured worker presented with complaints of low back pain with radiation into the right lower extremity. Her physical examination revealed spasm and painful limited range of motion. Her medications were noted to include Anaprox, Prilosec, Norco, and Soma. The treatment plan included a repeat lumbar epidural steroid injection, continued use of a TENS unit, and medication refills. A request was received for durable medical equipment (DME) purchase - transcutaneous electrical nerve stimulation (TENS). It was noted that the TENS unit "helps." The Request for Authorization form for the TENS unit was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) Purchase - Transcutaneous Electrical Nerve Stimulation (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-11.

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

Decision rationale: According to the California MTUS Guidelines, the purchase of a TENS unit may be supported when there is documentation of pain for at least 3 months duration, there is evidence that other conservative treatments have been tried and failed, and a 1 month trial period of the TENS unit has been attempted with documentation of significant pain relief and functional improvement during this time. Additionally, documentation should show how often the TENS unit was used, other pain treatments to be used in conjunction with the TENS unit, and a treatment plan with specific short and long term goals of treatment. The clinical information submitted for review indicated that the injured worker had previously used a TENS and it "helps." However, the documentation failed to provide specific details regarding the requested TENS unit as multiple clinic notes indicate that the injured worker was utilizing a TENS unit. Therefore, it is unclear whether she currently had a unit at home and why an additional unit is being requested. In addition, there was insufficient documentation proving benefit of the TENS unit with documented pain scales before and after treatment and evidence of functional improvement. In the absence of this documentation, the requested TENS unit is not supported. As such, the request is not medically necessary.