

Case Number:	CM14-0125981		
Date Assigned:	09/18/2014	Date of Injury:	05/09/2002
Decision Date:	10/17/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/07/2014

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:

Patient is a 61-year-old male who has submitted a claim for lumbago, associated with an industrial injury date of 05/09/2002. Medical records from January 2014 to October 2014 were reviewed. Patient complained of pain in the lumbar spine. It was noted to be radiating to the left buttock, down to the posterior mid thigh without paresthesia. Pain was aggravated by sudden unexpected movement, initiating weight bearing after prolonged sitting or standing, and repetitive movements. It was stated that the patient used TENS during physical therapy, which offered relief symptoms for several hours. Physical examination of the lumbar spine revealed tenderness, slight increase in muscle mass on the left, forward flexion was 70 degrees, extension was 25 degrees, rotation bilaterally 25 degrees, and lateral bending was noted 20 degrees/25 degrees. Treatment to date has included pain medications, Pilates, gym exercises, TENS, and 8 sessions of physical therapy. Utilization review from August 08, 2014 denied request for purchase of transcutaneous electrical nerve stimulator unit. The results following the studies on the use of TENS are inconclusive. Also, there was no documentation of objective measures of success following the various treatment the patient already had. The criteria for TENS was not satisfied.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of transcutaneous electrical nerve stimulator unit: Upheld

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

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

Decision rationale: As stated on page 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, though the patient had previously used the TENS unit, there was no documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. There was evidence that other pain modalities, such as physical therapy and medications have been tried, however, the medical records failed to show that these modalities had failed. Furthermore, the treatment goals, both short-term and long-term with respect to the TENS, were not identified. The criteria for TENS was not satisfied and the purchase was not justified. Moreover, body part to be treated is not specified. Therefore, the request for Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) unit is not medically necessary.