

Case Number:	CM14-0131192		
Date Assigned:	08/25/2014	Date of Injury:	07/22/2011
Decision Date:	10/31/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine and Rehabilitation 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:

This 54 year old patient had a date of injury on 7/22/2011. The mechanism of injury was not noted. In a progress noted dated 7/3/2014, the patient complains of recurring back pain. The pain increases with prolonged standing, and she gets pain in her buttock bilaterally. He feels that another round of physical therapy with a TENs unit would be appropriate. On a physical exam dated 7/3/2014, there is tenderness in the lower lumbar region. Range of motion is somewhat limited, and she has more pain on extension than flexion. The diagnostic impression shows lumbosacral spondylosis. Treatment to date: medication therapy, behavioral modification, physical therapy, TENS unit. A UR decision dated 7/30/2014 denied the request for TENS unit for home use for the low back (for purchase), stating that the documentation failed to provide evidence of a 1 month trial period, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. There was no indication the TENS unit would be used as an adjunct program of evidence based functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for home use for the low back (for purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication. However, in the documentation provided, there was no documentation of a 1 month trial of TENS unit. Furthermore, there was no documentation provided regarding how often the unit was used, as well as outcomes in terms of pain relief and function. Lastly, there was no description regarding how this unit would be used as an adjunct to ongoing treatment modalities within a functional restoration approach. Therefore the request for TENS unit for home use for the low back-(for purchase) was not medically necessary.