

Case Number:	CM14-0147724		
Date Assigned:	09/15/2014	Date of Injury:	03/27/2013
Decision Date:	10/15/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/11/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 35-year-old male who reported an injury on 03/27/2013. The mechanism of injury was a slip and fall. His diagnosis was a lumbar sprain. His previous treatments included physical therapy and acupuncture. He had a lumbar MRI done on 05/19/2013 which revealed no acute osseous abnormality. He denied previous surgeries. On 07/18/2014, the injured worker reported his lower back pain at a level of 6/10 at its worst, 3/10 at its best, and at the time of visit it was 6/10. The pain was reportedly shooting in nature with tingling and numbness over the low back area and was worsened with prolonged standing and sitting. He got relief with medication and an ice pack. The physical examination revealed tenderness in the lumbar paraspinal muscles, a positive lumbar facet stress test, and active forward flexion of the lumbar spine was to 40 degrees and extension was to 20 degrees. His medications included ibuprofen and tramadol 50 mg. The treatment plan was for DME purchase of TENS unit for home use. The rationale for the request was not provided. The Request for Authorization form was submitted on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of TENS Unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): page(s) 114-116.

Decision rationale: Based on the clinical information submitted for review, the request for DME purchase of TENS unit for home use is not medically necessary. As stated in the California MTUS Guidelines, a TENS unit is not recommended as a primary treatment modality; however, a 1 month home based TENS trial may be considered as a noninvasive conservative option, if it is used as an adjunct to a program of evidence based functional restoration. The Guidelines indicate that there must be evidence that other appropriate pain modalities have been tried, including medication, and failed. The injured worker reported constant low back pain. It was noted that physical therapy had helped him tremendously. It is noted in the guidelines that there should be evidence that other appropriate pain modalities have been tried and failed, which includes medications; however, the injured worker reported relief of pain with medication which at the time included tramadol and ibuprofen. There is a lack of documentation indicating the injured worker underwent a one month home based TENS trial with documentation demonstrating the frequency at which the unit was used as well as providing evidence of significant objective functional improvement with the unit and decreased medication usage. As such, the request for DME purchase of TENS unit for home use is not medically necessary.