

Case Number:	CM14-0149391		
Date Assigned:	09/18/2014	Date of Injury:	08/21/2012
Decision Date:	12/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 is a 52-year-old male with an 8/21/12 date of injury. The mechanism of injury was reported as falling off a ladder and landing on his back. According to an orthopedic consultation report dated 8/25/14, the patient previously participated in 12 sessions of physical therapy over a year ago with some improvement. He has not had any recent conservative treatment. He complained of both neck and back pain, rated as a 7/10. He had occasional pain radiating to his legs episodically. A report dated 8/5/14 noted that the provider has requested a TENS unit in an attempt to alleviate his pain and increase his function without the use of stronger narcotics. Objective findings: limited cervical range of motion, limited lumbar range of motion, lumbar paraspinal tenderness and spasm. Diagnostic impression: cervical bulging disc and early disc degeneration, lumbar bulging disc and early disc degeneration worse at L4-L5 and L5-S1. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/3/14 denied the request for TENS unit 30 day trial. There is no indication the patient was participating in any kind of physical therapy or active treatment program. In addition, the clinical and the request do not specify the site of treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) unit 30 day trial: 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 9792.24.2
TENS Unit Page(s): 114-116.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that 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. 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. However, in the present case, it is noted that the patient has not had any recent conservative treatment. He last received physical therapy treatment over a year ago. In addition, there is no documentation that the TENS unit requested would be used as an adjunct to a program of evidence-based functional restoration. Therefore, the request for Transcutaneous Electrical Nerve Stimulation (TENS) unit 30 day trials was not medically necessary.