

Case Number:	CM14-0181509		
Date Assigned:	11/10/2014	Date of Injury:	05/18/2010
Decision Date:	12/11/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/31/2014

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 50 year-old patient sustained an injury on 5/18/10 while employed by [REDACTED]. Request(s) under consideration include 1 Home Transcutaneous Electrical Nerve Stimulation (TENS) Unit. Diagnoses include lumbar sprain/strain/ disc displacement/ sciatica; whiplash sprain/strain; shoulder sprain/strain; and lateral epicondylitis. MRI of lumbar spine dated 9/12/14 showed multilevel disc bulges with facet hypertrophy, benign intraosseous hemangioma and Schmorl's nodes. Conservative care has included medications, therapy/chiro, and modified activities/rest. Report of 10/7/14 from the chiropractic provider noted the patient with ongoing chronic low back pain radiating to right lower extremity with right shoulder pain and loss of range of motion. Exam showed lumbar spine with spasm. Treatment included a home TENS unit. The request(s) for 1 Home Transcutaneous Electrical Nerve Stimulation (TENS) Unit was non-certified on 10/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Home Transcutaneous Electrical Nerve Stimulation (TENS) Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for Chronic Pain Page(s): 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include analgesics and other medication, physical therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The 1 Home Transcutaneous Electrical Nerve Stimulation (TENS) Unit is not medically necessary and appropriate.