

Case Number:	CM14-0080714		
Date Assigned:	07/18/2014	Date of Injury:	01/24/2012
Decision Date:	11/17/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/02/2014

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 44 year-old Carpenter sustained an injury on 1/24/12 from a slip and fall off a ladder while employed by [REDACTED]. Request(s) under consideration include TENS unit purchase. Diagnoses include lumbar spondylosis; sciatica and sacrum disorder; and Lower Leg Pin S/P Left Arthroscopy with Partial Meniscectomy on 12/10/12. Report from the provider noted the patient has continued low back, left lower extremity, and knee pain. Conservative care has included medications, physical therapy, lumbar epidural steroid injections, Facet blocks, Chiropractic treatment, TENS unit, and modified activities/rest. EMG/NCS on 4/3/13 was normal. MRI of lumbar spine dated 5/14/13 showed disc desiccation at L4-5 with left foraminal narrowing and facet arthropathy; L5-S1 with disc desiccation and disc bulge slightly narrowing neural foramina. Report of 5/14/14 from the provider noted the patient with ongoing chronic symptoms; TENS helps with the pain and improves function and sleep. Exam showed unchanged lumbar decreased range of 20-30% with DTRs 1+ and intact neurological findings. The request(s) for TENS unit purchase was not medically necessary on 5/23/14 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:

TENS Unit: Upheld

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

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

Decision rationale: This 44 year-old Carpenter sustained an injury on 1/24/12 from a slip and fall off a ladder while employed by [REDACTED]. Request(s) under consideration include TENS unit purchase. Diagnoses include lumbar spondylosis; sciatica and sacrum disorder; and lower leg pin s/p left arthroscopy with partial meniscectomy on 12/10/12. Report from the provider noted the patient has continued low back, left lower extremity, and knee pain. Conservative care has included medications, physical therapy, lumbar epidural steroid injections, Facet blocks, Chiropractic treatment, TENS unit, and modified activities/rest. EMG/NCS on 4/3/13 was normal. MRI of lumbar spine dated 5/14/13 showed disc desiccation at L4-5 with left foraminal narrowing and facet arthropathy; L5-S1 with disc desiccation and disc bulge slightly narrowing neural foramina. Report of 5/14/14 from the provider noted the patient with ongoing chronic symptoms; TENS helps with the pain and improves function and sleep. Exam showed unchanged lumbar decreased range of 20-30% with DTRs 1+ and intact neurological findings. The request(s) for TENS unit purchase was non-certified on 5/23/14. 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 chronic opiate analgesics and other medication, physical therapy, chiropractic treatment, epidural steroid injection, 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 Tens Unit Purchase is not medically necessary and appropriate.