MAXIMUS Federal Services

Case Number:	CM14-0156413		
Date Assigned:	09/25/2014	Date of Injury:	01/06/2014
Decision Date:	01/02/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/24/2014

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 Occupational Medicine, and is licensed to practice in New York, North Carolina. 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 injured employee is appealing the 9/8/14 denial of a TENS unit for once to twice per day use, 30-60 minutes. He was injured 1/6/14 and suffers from lumbago. He had been working in a warehouse, doing heavy lifting. He has pain from the low back, radiating to the left lower extremity at the level of the foot. He was diagnosed with a L5-S1 disc herniation with mild displacement of the S1 nerve root. As of April 2014, his radicular symptoms had resolved, and he was not considered a surgical candidate. However, over the ensuing months, he had sciatica in the left leg to the level of the calf. Epidural steroid injection did not help his leg symptoms. The physician signed an order for a TENS unit at the request of the physical therapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit as needed for the low back: Upheld

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

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

Decision rationale: Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct

to a program of evidence-based functional restoration. The MTUS chronic pain treatment guidelines note that although electrotherapeutic modalities are frequently used in the management of CLBP (chronic low back pain), few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. The following criteria applies for the use of a TENS unit, as described in the chronic pain guidelines of the CA MTUS. It is to be used for chronic intractable pain (for neuropathic pain, CPRS II, phantom limb pain, spasticity due to spinal cord injury and M.S.):- Documentation of pain of at least three months duration- There is evidence that other appropriate pain modalities have been tried(including medication) and failed- 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; rental would be preferred over purchase during this trial- Other ongoing pain treatment should also be documented during the trial period including medication usage- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted-A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessaryPer the records reviewed, the pain specialist found that the TENS unit was NOT helpful in managing this patient's pain (7/8/14 note). The request for the TENS Unit is not medically necessary.