MAXIMUS Federal Services

Case Number:	CM14-0212515		
Date Assigned:	01/02/2015	Date of Injury:	01/10/2006
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 patient is a 52 year old male with a work injury dated 8/10/06 . The diagnoses include lumbago, lumbar sprain/strain; other symptoms referable to the back. Under consideration is a request for replacement TENS pads on a monthly basis (duration not specified). There is a 5/5 14 progress note that states that the patient presents for lower backache. Patient rates his pain with medications as 4 on a scale of 1 to 10. Patient rates his pain without medications as 9 on a scale of 1 to 10. No new problems or side-effects. Quality of sleep is good. Activity level bas remained the same. The patient is taking his medications as prescribed. He states that medications are working well. No side effects reported. Patient presents on time for 8 week follow up visit. Patient notes that the flexeril bas been effective for his muscle spasms. Norco continues to be effective to reduce pain, he is working full time and with it he is able to continue to manage his pain during and after work. His current medications include Norco, Zanaflex, Flexeril. On exam he ambulates without an assistive device with normal gait. His lumbar spine exam revealed that the range of motion is restricted with pain. On palpation, par vertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on both the sides. Lumbar facet loading is positive on the left side. Straight leg raising test is negative. On examination of higher functions, he is conscious; mental status is normal. He is alert and oriented times four without evidence of somnolence. Motor strength of EHL is 5/5 on both sides, ankle dorsi flexor's is 5/5 on both sides, knee extensor's is 5/5 on both sides, knee flexor's is 5/5 on both sides, and hip flexor's is 5/5 on both sides. On examination of deep tendon reflexes, knee jerk is 214 on both sides; ankle jerk is 114 on both sides. Straight leg raise is negative. The

treatment plan includes continue Norco, hold Zanaflex, restart Flexeril, refill of medications. The patient is reported to use his TENS regularly for additional pain relief 1-2 times per week or every other day for flare ups. There is a request for replacement electrode pads for tens unit to be delivered monthly to patient's home. An 11/17/14 progress note states that the patient is to continue to use his TENS unit regularly for additional pain relief 1 to 2 times per week or every other day for flare ups of his pain , increase use for flare-up pain. Effective to reduce pain by more than 40% for 3-4 hours after use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement TENS pads on a monthly basis (duration not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 116.

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

Decision rationale: Replacement TENS pads on a monthly basis (duration not specified) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The documentation indicates that the patient receives pain relief 40% for 3-4 hours after TENS unit use and uses this regularly for additional pain relief 2 times per week or every other day for flare ups. The request however for TENS replacement pads on a monthly basis does not have a definite duration. The MTUS guidelines require regular and updated documentation of pain relief and functional benefit from the TENS unit and cannot certify an indefinite duration of TENS pads monthly without monitoring of this functional improvement. The request for replacement TENS pads on a monthly basis (duration not specified) is therefore not medically necessary.