

Case Number:	CM15-0010576		
Date Assigned:	01/28/2015	Date of Injury:	06/10/2008
Decision Date:	03/20/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 53 year old female, who sustained an industrial injury on June 10, 2008. The diagnoses have included lumbago, sacroiliac sprain, myalgia and myositis, sprain of unspecified site of hip and thigh. Treatment to date has included home exercise program, medications, and psychiatric evaluation. Currently, the injured worker complains of low back pain for which medication helps by 60%. On examination her lumbar spine has tenderness to palpation and decreased range of motion. She rated her pain a 4 on a 10 point scale and has radiating numbness to the let lower extremity. On December 31, 2014 Utilization Review non-certified a request for a Tens patch x 2 for the right hip and lumbar spine (purchase), noting that a TENS unit is no recommended as a primary treatment modality. The California Medical Treatment Utilization Schedule was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of Tens patch x 2 for the right hip and lumbar spine (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch x 2 for right hip and lumbar spine: Upheld

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

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

Decision rationale: The patient presents with low back pain rated 04/10 with radiating numbness to the left lower extremity. The request is for TENS PATCHE X2 FOR RIGHT HIP AND LUMBAR SPINE. The RFA provided is dated 07/26/14. Patient's diagnosis on 11/22/14 included hip or thigh strain, lower back pain, sacroiliac ligament sprain/strain, and myofascial pain. Patient is to return to modified duty. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. Treater does not provide a rationale for the request. In this case the patient has been suffering from chronic pain for which medications help by 60% for more than three months. Guidelines require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, review of medical reports does not show whether or not the patient has previously used the TENS unit or if the patient had positive functional response to the use of the unit. Furthermore, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others; but not for mechanical low back or neck pain. Therefore, the request IS NOT medically necessary.