

Case Number:	CM14-0142706		
Date Assigned:	09/10/2014	Date of Injury:	03/09/2011
Decision Date:	10/20/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/03/2014

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 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:

The patient is a 53-year-old female, who has submitted a claim for lower back pain associated with an industrial injury date of 03/09/2011. Medical records from 2014 were reviewed, which showed that the patient complained of constant more than moderate pain within the lumbosacral region with radiation. The patient's pain medications allow for an increase in activities of daily living. Physical examination revealed decreased range of motion of the lumbar spine secondary to pain. There is positive lumbar tenderness and paraspinal muscle spasms. Treatment to date has included oral medications and chiropractic care. Utilization review from 07/30/2014 denied the request for TENS Unit because the records did not demonstrate that the patient had a trial of TENS unit done. Additionally, a TENS unit is not recommended as a primary treatment modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: electrodes, skin preps, batteries (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. 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 period. In this case, documentation did not mention any prior trial or use of a TENS unit. Patient complained of persistent lumbosacral pain despite chiropractic care and medications. A trial of one-month home-based TENS may be considered as an option for this patient. However, as mentioned in the guidelines above, rental would be preferred over purchase during this trial period. Therefore, the request for TENS unit: electrodes, skin preps, batteries (purchase) is not medically necessary.