

Case Number:	CM14-0154008		
Date Assigned:	09/23/2014	Date of Injury:	02/14/1974
Decision Date:	11/05/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 73-year-old male who reported an injury on 02/14/1974. The mechanism of injury was not provided. On 01/24/2014, the injured worker presented with back pain and worse with activity. Upon examination there was tenderness along the paraspinal muscles bilaterally with difficulty standing from a seated position. The diagnoses were low back pain with radicular pain into the left leg due to L5 chronic radiculopathy. Prior therapy included medications. The provider recommended a TENS 2 lead. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS two lead: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENs Page(s): 116.

Decision rationale: The request for a TENS two lead is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 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 results of studies are studies are inconclusive and this published trial did not provide information on the stimulation parameters which are most likely to provide optimum pain relief. There is lack of documentation indicating significant deficits upon physical exam. The efficacy of the injured worker's courses of conservative treatment was not provided. It is unclear if the injured worker underwent an adequate TENS trial. The request is also unclear if the injured worker needed to rent or purchase the TENS unit. The site at which the TENS unit was indicated for was not provided in the request as submitted. As such, medical necessity has not been established.