MAXIMUS Federal Services

Case Number:	CM14-0155753		
Date Assigned:	09/25/2014	Date of Injury:	09/13/2012
Decision Date:	11/05/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/23/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 46 year old male who reported a cumulative injury on 09/13/2012. He was diagnosed with chronic low back pain, left leg numbness with normal EMG and MRI and cervical radiculopathy/status post cervical spine surgery 11/08/13. His past treatments included physical therapy, activity modification and home exercise. On 09/05/2014 the injured worker complained of left scapular pain, and intermittent tingling sensation in the left arm and low back pain. The injured worker rated his pain 2/10 without medication. His cervical active range of motion showed flexion to 0-45 degrees, extension to 0-35 degrees, rotation to 0-70 degrees to the left, and 0-80 degrees on the right. His treatment plan included recommendations for job modifications including no lifting over 50 pounds and 20 pounds frequently. The requesting physician's rationale for the request was not indicated within the provided documentation. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Purchase - Biotism Plus Digital Unit: Upheld

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

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

Decision rationale: The request for the purchase of the Tens Biotism Plus Digital Unit is not medically necessary. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. 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 for patients with neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a one month trial the guidelines recommend there must be documentation of pain of at least three months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. The injured worker did complain of continued low back pain and leg numbness. The patient has been using the TENS unit with pain relief. However there is a lack of documentation demonstrating the injured worker had pain reduction and functional improvement with the unit. The requesting physician did no provide documentation indicating how long the injured worker has been using the unit, as well as documentation indication the frequency at which the unit is being used. In the absence of documentation showing quantified evidence of functional improvement after a trial of use, as well as details pertaining to the duration of the trial and the frequency of use of the unit, the request is not supported. As such, the request is not medically necessary.