MAXIMUS Federal Services

Case Number:	CM14-0105626		
Date Assigned:	07/30/2014	Date of Injury:	03/05/2014
Decision Date:	10/14/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 23-year-old female with a 3/5/14 date of injury. At the time (6/2/14) of request for authorization for TENS Unit- Purchase and TENS Pads-Purchase, there is documentation of subjective (flare-up of left upper extremity with burning pain from the left shoulder to the fingers) and objective (decreased cervical and lumbar range of motion, and tenderness to palpation over the bilateral sacroiliac joints) findings, current diagnoses (cervical spine sprain, lumbar spine sprain, and myofascial pain syndrome), and treatment to date (one month TENS unit trial every couple of days in conjunction with acupuncture, chiropractic care, physical therapy, home exercises, and medications resulting in pain control and functional improvement).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit- Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, TENS (transcutaneous electrical nerve stimulation)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain, lumbar spine sprain, and myofascial pain syndrome. In addition, there is documentation of completion of a month trial of a TENS unit. Furthermore, given documentation of TENS unit use every couple of days in conjunction with medications and physical modalities resulting in pain control and functional improvement, there is documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). However, the requested TENS unit purchase exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for TENS Unit- Purchase is not medically necessary.

TENS Pads-Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, TENS (transcutaneous electrical nerve stimulation)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain, lumbar spine sprain, and myofascial pain syndrome. In addition, there is documentation of completion of a month trial of a TENS unit. Furthermore, given documentation of TENS unit use of every couple of days in conjunction with medications and physical modalities resulting in pain control and functional improvement, there is documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). However, the requested TENS unit purchase exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for TENS Pads-Purchase is not medically necessary.