

Case Number:	CM14-0155360		
Date Assigned:	09/25/2014	Date of Injury:	05/30/2013
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
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 Pain Medicine and is licensed to practice in Minnesota. 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 58-year-old female, who reported an injury on 05/30/2013. The injury reportedly occurred when a giant flat screen TV fell on her head and back. The injured worker's diagnoses included head injury, cervical spine strain, thoracic spine strain, lumbar spine strain, and concussion. The injured worker's past treatments included acupuncture therapy, physical therapy, and medications. Her diagnostic testing included a CT scan of the brain, which was noted to reveal bilateral maxillary sinusitis with fluid on the left. There was an MRI of the left shoulder, which was noted to be normal, and a cervical spine x-ray which was noted to reveal discogenic disease at C4-5 and C6-7, with suggestion of associated bilateral foraminal encroachment. There were no relevant surgeries documented. On 08/08/2014, the injured worker complained of pain in her head, neck, shoulder, back, and leg. She reported that she felt better than before but was still in pain. She reported that the pain changed from a 9/10 to a 7-8/10. Upon physical examination, the injured worker was noted to have reduced pain upon palpation compared to the first visit. The injured worker's medications were not included. The request was for a TENS unit. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS units (Transcutaneous electrical nerve stimulation): Upheld

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

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

Decision rationale: The California MTUS Guidelines state that TENS is not recommended as a primary treatment modality, but 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. While TENS may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive. The published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. Several published evidence based assessments of transcutaneous electrical nerve stimulation have found that evidence is lacking concerning effectiveness. The criteria for the use of TENS were noted as documentation of pain of at least 3 months' duration and evidence that other appropriate pain modalities have been tried, including medication, and failed; a 1 month trial 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. The injured worker was documented to have continued pain. She was noted to have undergone acupuncture and physical therapy; she was noted to have some improvement in her symptoms. The documentation did not provide a thorough and sufficient pain evaluation, to include quantified current pain, the least amount of pain since last assessment, the intensity of the pain after taking medication, and how long pain relief lasts. There was a lack of evidence that other appropriate pain modalities have been tried and failed. The acupuncture therapy was noted to have given the injured worker some improvement with symptoms. In the absence of documentation with at least 3 months' duration of pain with a complete and thorough pain assessment, documented evidence that other appropriate pain modalities have been tried and failed, a 1 month trial period of the TENS unit, and an adjunct treatment modality within a functional restoration documented, the request is not supported at this time. Therefore, the request is not medically necessary.