

Case Number:	CM14-0156417		
Date Assigned:	09/25/2014	Date of Injury:	03/22/2012
Decision Date:	10/29/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/24/2014

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 Georgia. 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 41 year old male who was injured on 03/22/2012. The mechanism of injury is unknown. Progress report dated 09/04/2014 stated the patient presented with complaints of low back pain. He noted his medications were helpful. He reported he was using his TENS unit and found it to be helpful as well. He rated his pain as a 1-3/10 with pain medications. He was noted to be taking Norco, naproxen, ibuprofen, and Flexeril for his pain. On exam, deep tendon reflexes were 2+ and muscle strength is 5/5. There was tenderness over the lumbar and thoracic paraspinals. The patient was diagnosed with lumbar degenerative disc disease, lumbar discogenic pain, L4-5 disc extrusion, chronic pain syndrome and myofascial pain. A recommendation was made for a TENS unit with pads and electrodes. Progress report dated 09/29/2014 the patient noted the patient followed up for low back pain. The patient reported continued pain relief from his TENS unit, reporting it helped with pain and soreness. He noted he could take less of his pain medications with the help of his TENS. The patient reported taking Norco for moderate to severe pain after work as needed. He reported taking Flexeril for flare ups of muscle spasms. He also reported taking naproxen or ibuprofen for musculoskeletal pain and inflammation. The patient rated his pain 1-3/10 in intensity with use of pain medications, and 2-4/10 without. Pain was focal to his low and mid-back and aching in quality. Pain increased with prolonged sitting, bending, and lifting. Heat, ice, laying down, standing, PT, and medications helped to alleviate pain. Exam was unchanged from 09/04/2014 progress report. It was noted the patient had reduced his Norco usage to 4 norco per week since starting using the TENS unit. The TENS unit also reportedly improved his quality of life and improved his ability to sleep. Prior utilization review dated 09/19/2014 states the request for TENS (Transcutaneous Electric Nerve Stimulation) unit purchase # 1.00; Electrodes supplies (months) # 6.00; Skin prep pads supplies (months) # 6.00 is denied as there is no indication documented warranting this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electric Nerve Stimulation) unit purchase # 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, TENS (Transcutaneous electrical nerve stimulation)

Decision rationale: The Medical Utilization Treatment Schedule (MTUS), discusses transcutaneous electrical nerve stimulation (TENS) as well as other modes of transcutaneous electrotherapy within the Chronic Pain Medical Treatment Guidelines. Regarding TENS, the MTUS notes that it is not recommended as a primary treatment modality, however it is indicated as an adjunct in pain treatment for chronic neuropathic pain as well as other types of chronic intractable pain. MTUS recommends a 1-month trial first. The Official Disability Guidelines (ODG) also recommends starting with a 1-month trial. Specifically, TENS is noted to potentially be of some use in neuropathic pain, phantom limb pain, and CRPS. MTUS guidelines recommend TENS for post-operative pain for 30 days or less post-operatively. For chronic intractable pain, a month-long trial is recommended. For chronic intractable pain, MTUS guidelines specify pain must be documented as being present for 3-months or longer, and documentation of a successful one-month trial is required. This documentation should include frequency of use, as well as outcomes of pain relief and function. A 2-lead unit is typically recommended; if a 4-lead unit is recommended, there must be specific documentation of why this is necessary. Medical documents note the patient had started a 30-day trial of a TENS unit, approved on 06/23/2014. Records provided do not specify how frequently the TENS unit is used, however improvement in quality of life and function is reported, as well as pain relief with reduced frequency of opiate medication usage. Based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Electrodes supplies (months) # 6.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, TENS (Transcutaneous electrical nerve stimulation)

Decision rationale: The requested electrodes are a necessary component of the TENS unit, which was approved as medically necessary above. The Medical Utilization Treatment Schedule

(MTUS), discusses transcutaneous electrical nerve stimulation (TENS) as well as other modes of transcutaneous electrotherapy within the Chronic Pain Medical Treatment Guidelines. Regarding TENS, the MTUS notes that it is not recommended as a primary treatment modality, however it is indicated as an adjunct in pain treatment for chronic neuropathic pain as well as other types of chronic intractable pain. MTUS recommends a 1-month trial first. The Official Disability Guidelines (ODG) also recommends starting with a 1-month trial. Specifically, TENS is noted to potentially be of some use in neuropathic pain, phantom limb pain, and CRPS. MTUS guidelines recommend TENS for post-operative pain for 30 days or less post-operatively. For chronic intractable pain, a month-long trial is recommended. For chronic intractable pain, MTUS guidelines specify pain must be documented as being present for 3-months or longer, and documentation of a successful one-month trial is required. This documentation should include frequency of use, as well as outcomes of pain relief and function. A 2-lead unit is typically recommended; if a 4-lead unit is recommended, there must be specific documentation of why this is necessary. As the TENS unit was approved, and based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Skin prep pads supplies (months) # 6.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, TENS (Transcutaneous electrical nerve stimulation)

Decision rationale: The requested skin prep pads are necessary for the use of the TENS unit, which was approved as medically necessary above. The Medical Utilization Treatment Schedule (MTUS), discusses transcutaneous electrical nerve stimulation (TENS) as well as other modes of transcutaneous electrotherapy within the Chronic Pain Medical Treatment Guidelines. Regarding TENS, the MTUS notes that it is not recommended as a primary treatment modality, however it is indicated as an adjunct in pain treatment for chronic neuropathic pain as well as other types of chronic intractable pain. MTUS recommends a 1-month trial first. The Official Disability Guidelines (ODG) also recommends starting with a 1-month trial. Specifically, TENS is noted to potentially be of some use in neuropathic pain, phantom limb pain, and CRPS. MTUS guidelines recommend TENS for post-operative pain for 30 days or less post-operatively. For chronic intractable pain, a month-long trial is recommended. For chronic intractable pain, MTUS guidelines specify pain must be documented as being present for 3-months or longer, and documentation of a successful one-month trial is required. This documentation should include frequency of use, as well as outcomes of pain relief and function. A 2-lead unit is typically recommended; if a 4-lead unit is recommended, there must be specific documentation of why this is necessary. As the TENS unit was approved, and based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Batteries supplies # 24.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 113-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, TENS (Transcutaneous electrical nerve stimulation)

Decision rationale: The requested batteries are necessary for the use of the TENS unit, which was approved as medically necessary above. The Medical Utilization Treatment Schedule (MTUS), discusses transcutaneous electrical nerve stimulation (TENS) as well as other modes of transcutaneous electrotherapy within the Chronic Pain Medical Treatment Guidelines. Regarding TENS, the MTUS notes that it is not recommended as a primary treatment modality, however it is indicated as an adjunct in pain treatment for chronic neuropathic pain as well as other types of chronic intractable pain. MTUS recommends a 1-month trial first. The Official Disability Guidelines (ODG) also recommends starting with a 1-month trial. Specifically, TENS is noted to potentially be of some use in neuropathic pain, phantom limb pain, and CRPS. MTUS guidelines recommend TENS for post-operative pain for 30 days or less post-operatively. For chronic intractable pain, a month-long trial is recommended. For chronic intractable pain, MTUS guidelines specify pain must be documented as being present for 3-months or longer, and documentation of a successful one-month trial is required. This documentation should include frequency of use, as well as outcomes of pain relief and function. A 2-lead unit is typically recommended; if a 4-lead unit is recommended, there must be specific documentation of why this is necessary. As the TENS unit was approved, and based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.