

Case Number:	CM14-0159568		
Date Assigned:	10/03/2014	Date of Injury:	02/19/2014
Decision Date:	10/29/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine 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:

There were 97 pages in this review. The request for independent medical evaluation was signed on September 29, 2014. It was for a Zynex TENS monthly rental. The duration of the rental is not given. There was a peer review report from September 9, 2014. This claimant had an industrial injury on February 19, 2014. He has been under the care of the treating physician for chronic lumbar and cervical pain. As of July 25, 2014, the claimant presented with complaints of constant severe pain in the neck radiating to the right shoulder and right fingers with eight out of 10 in severity. She claims the Norco decreases her pain to six out of 10. She uses the TENS unit daily 30 minutes to times a day, and claims it is beneficial and would like to have it approved for purchase. There are trigger areas noted in the paracervical area. There is no mention of consistent performance of a self-directed home exercise program. There is no objective evidence of functional improvement following the 30 day home trial. The pain continues to be reported as eight to 10 out of 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zynex TENS Monthly Rental: Upheld

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

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

Decision rationale: TThe MTUS notes that TENS is not recommended as a primary treatment modality, but 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 the conditions described below.- Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. - Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)-Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)The records reviewed did not show that the claimant had these conditions. Also, an outright purchase is not supported, as there is no 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. There was no evidence of such in these records. The request for Zynex TENS Monthly Rental is not medically necessary.