

Case Number:	CM14-0171999		
Date Assigned:	10/23/2014	Date of Injury:	05/08/2012
Decision Date:	11/21/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/17/2014

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:

This case is a 57-year old male with a date of injury on 5/8/2012. A review of the medical records indicate that the patient has been undergoing treatment for cervical/lumbar discopathy, carpal tunnel syndrome, left shoulder impingement syndrome, and bilateral plantar fasciitis. Subjective complaints (10/29/2013, 7/1/2014) include neck, low back, and shoulder pain. Objective findings (10/29/2013, 7/1/2014) include tenderness to paraspinal muscles with spasms neck and back, pain with terminal shoulder range of motion, tingling/numbness to L4-5, L5-S1 dermatomal pattern. Treatment has included physical therapy, medications, lumbar epidural blocks, Rhizotomy, facet blocks, cervical discectomy, C4-7 fusion, and physical therapy. A utilization review dated 9/22/2014 non-certified a request for TENS unit, purchase due to no instructions for location of usage, frequency of usage, and length of usage.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: MTUS states regarding TENs unit, "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." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate that the TENs would be used as a program functional restoration program. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention, Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program, Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings, Ankle and foot: Not recommended, Elbow: Not recommended, Forearm, Wrist and Hand: Not recommended, Shoulder Recommended for post-stroke rehabilitation. Medical records do indicate neck, back, shoulder and foot symptoms. ODG does not recommend TENS for foot. The documents do not indicate post-stroke rehabilitation for the shoulder. Medical documents do not indicate what other treatment modalities will be performed with the TENS. As such, the request for TENS unit, purchase is not medically necessary.