

Case Number:	CM14-0174528		
Date Assigned:	10/27/2014	Date of Injury:	04/07/2011
Decision Date:	12/11/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/21/2014

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 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:

The patient is a 55-year-old male who has submitted a claim for neck sprain, neuralgia, head injury, frontal lobe syndrome, post-concussion syndrome, depressive disorder, and insomnia associated with an industrial injury date of 4/7/2011. Medical records from 2013 to 2014 were reviewed. The patient complained of headache rated 6/10 in severity. The patient also experienced neck pain and right shoulder pain. He reported that the use of TENS unit provided significant pain relief by 30% which likewise resulted to improvement in quality of life. He was able to tolerate prolonged sitting. He was likewise able to perform meal preparation. Physical examination of the neck showed paraspinous spasm and stiffness. There was joint tenderness and crepitus at the right shoulder. Range of motion of the neck and right shoulder was limited. Romberg's test was positive. Significant weakness was noted at the right ankle extensor and knee flexors/extensors. Moderate foot drop was noted on the right. Treatment to date has included use of a TENS unit, physical therapy, psychotherapy, acupuncture, right shoulder surgery in 2012, and medications. The request for purchase of a TENS unit is to improve patient's function while decreasing his dependence on medications. Utilization review from 10/14/2014 denied the request for purchase of TENS unit because of no reported functional benefits from electrical stimulation under the supervision of a licensed physical therapist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Home TENS Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS), Criteria for use of TENS Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in Chronic Pain Page(s): 114, 116.

Decision rationale: As stated on page 114 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are 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. In this case, the request for purchase of a TENS unit was to improve patient's function while decreasing his dependence on medications. The patient experienced neck pain and right shoulder pain. He reported that the use of TENS unit provided significant pain relief by 30% which likewise resulted to improvement in quality of life. He was able to tolerate prolonged sitting. He was likewise able to perform meal preparation. The medical necessity for use of a TENS unit had been established given that it provided him significant pain relief and functional improvement. However, TENS therapy was not recommended as a solitary mode of treatment. Medical records submitted and reviewed failed to provide any evidence that patient was still continuing his home exercise program, a requisite adjunct treatment for TENS. Guideline criteria were not met. Moreover, patient was already using a TENS unit at home and it was unclear why a new purchase was necessary at this time. Therefore, the request for purchase of home TENS device is not medically necessary.