

Case Number:	CM14-0177249		
Date Assigned:	10/30/2014	Date of Injury:	02/19/2009
Decision Date:	12/16/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family 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:

The patient is a 31 year-old woman who was injured at work on 2/19/2009. The injury was primarily to her knee, low back and left leg. She is requesting review of denial for a TENS (Transcutaneous Electrical Nerve Stimulation) Unit and Supplies, Rental or Purchase. Medical records corroborate ongoing care for her injuries. Her chronic diagnoses include: Left Knee Dysfunction, Secondary to Persistent Left Knee Instability from Anterior Cruciate Ligament Injury; and Patellofemoral Pain, Anterior Left Knee Chondromalacia. She underwent surgical repair of her meniscal tear. She has also been provided opioids, NSAIDs, topical analgesics, and muscle relaxants for the pain and has been through a self-directed home exercise program. Finally, treatment has also included corticosteroid injections into the left knee joint space.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit and supplies, rental or purchase: 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 TENS/Chronic Pain Page(s): 114-116.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of TENS as a treatment modality. These guidelines state 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. While TENS may reflect the long-standing 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 (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured.

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use).

Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)

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. (Aydin, 2005)

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 MTUS Guidelines included the following criteria for use of a TENS Unit:

Chronic intractable pain (for the conditions noted above):

- Documentation of pain of at least three months duration
- There is evidence that other appropriate pain modalities have been tried (including medication) and failed
- A one-month trial period 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
- Other ongoing pain treatment should also be documented during the trial period including medication usage
- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted
- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary

In this case, there is no evidence to indicate that the patient has the type of pain syndrome which supports the use of a TENS Unit. Specifically, there is no evidence in the records that the patient has complex regional pain syndrome (CRPS), neuropathic pain, phantom limb pain, spasticity, or multiple sclerosis. Further, there is insufficient evidence that the TENS Unit was recommended as a one-month trial with plans to provide ongoing documentation of how often the unit is used as well as relevant outcomes in terms of pain relief and function. There is no available treatment plan which includes specific short- and long-term goals of treatment with the TENS Unit. In summary, there is insufficient documentation in support of the need for a TENS Unit and Supplies for this patient. The TENS Unit and Supplies is not considered as medically necessary.