MAXIMUS Federal Services

Case Number:	CM14-0185549		
Date Assigned:	11/13/2014	Date of Injury:	06/02/2008
Decision Date:	12/19/2014	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/07/2014

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 New York. 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 injured worker is a 47-year-old female who reported an injury on 06/02/2008. The mechanism of injury was not provided. She is diagnosed with chronic cervical strain and chronic lumbar strain. Her past treatments include medications and a TENS unit. No pertinent surgical history was noted. Her diagnostic studies were noted to include an magnetic resonance imaging (MRI) of the cervical spine performed on 07/24/2008. On 11/06/2014, the injured worker reported neck and low back pain. Physical examination was noted to be unchanged from the previous visit. Her current medications were noted to include Lidoderm 5% patch applied for 12 hours per day, Zanaflex 2 mg at bedtime, Vicodin 5/300 mg once a day, and Lyrica 50 mg twice daily. The treatment plan included modifications of her medications, consideration of referral to another physician, and the request for TENS unit electrodes for 12 months. A request was received for TENS electrodes for 12 months, quantity 12; however, the rationale for the request was not provided. A request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS electrodes for 12 months qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 114-115.

Decision rationale: The request for TENS electrodes for 12 months qty 12 is not medically necessary. The California MTUS Guidelines do not recommend TENS (transcutaneous electrical nerve stimulation) as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option if used along with programs of evidence based functional restoration. Additionally, the guidelines recommend use if there is documentation of pain for at least 3 months and other pain modalities have been tried and failed. Ongoing treatment should also be documented during the trial period, including medication usage. Furthermore, there should be a treatment plan including long and short term goals of use with a TENS unit. There was evidence the injured worker was using a TENS unit for at least 1 month; however, there was no documentation of how often it was used, evidence of objective functional improvement, pain reduction, and decreased medication usage with the use of the unit to warrant the need for TENS unit electrodes. Additionally, there is a lack of documentation showing whether she used the unit in adjunct to a functional restoration program or would continue to use the unit as adjunct to a functional restoration program. Furthermore, there was no documentation of short or long term goals with the use of the TENS unit. As such, the request for the electrodes for 12 months qty 12 is not medically necessary.