

Case Number:	CM14-0025078		
Date Assigned:	06/13/2014	Date of Injury:	08/09/2011
Decision Date:	08/01/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 64-year-old female who reported an injury on 08/09/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 04/04/2014 indicated diagnoses of rule out connective tissue disease, cervical spinal stenosis, cervical degenerative disc disease, cervical myofascial pain syndrome, and rule out fibromyalgia. The injured worker reported persistent neck pain, stiffness and soreness that radiated to the upper right and left extremities. The injured worker rated her pain 6/10. The injured worker reported she received 40 to 50% relief of her neck, shoulder, and upper extremity pain with medication as well as trigger point injections. She also reported improved function. On physical examination of the cervical spine, the injured worker had decreased range of motion and increased pain at extreme flexion and extension. The injured worker had moderate tenderness to palpation at the right and left trapezius muscles with palpable spasms in those regions. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The provider submitted requests for TENS unit for neck and low back and 30 day trial of a 2 lead TENS unit. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR NECK, LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The request for TENS unit for neck, low back is not medically necessary. The California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be 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. The injured worker currently uses a TENS unit for neck pain; however, the documentation submitted did not indicate how often the TENS unit was being utilized. In addition, the documentation submitted did not indicate a quantified pain relief or functional improvement with the use of the TENS unit. Moreover, the documentation submitted did not indicate a treatment plan including short term or long term goals of treatment with the TENS unit. Therefore, the request of a TENS unit for neck and low back is not medically necessary.

30 DAY TRIAL OF A 2 LEAD TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Page(s): 114-116.

Decision rationale: The request for 30 Day Trial of a 2 Lead Tens Unit is not medically necessary. The California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be 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. The injured worker has had prior use of a TENS unit. It is not indicated in the documentation submitted if this is for rental or in adjunct with therapy, clarification is necessary. In addition, prior use of the

TENS unit did not indicate the injured worker's outcomes in terms of pain relief and function. Moreover, the documentation submitted did not indicate a quantified pain relief. Furthermore, the request did indicate a body part for the 30 day trial. Therefore, the request for 30 day trial of a 2 lead tens unit is not medically necessary.