

Case Number:	CM14-0042187		
Date Assigned:	07/07/2014	Date of Injury:	08/06/1998
Decision Date:	08/15/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family Practice and is licensed to practice New Jersey. 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 worker is a 66 year old female who was injured on 8/6/98. She was later diagnosed with osteoarthritis of the right knee, cervical disc degeneration, lumbar disc disease with myelopathy, and bilateral carpal tunnel syndrome. She was treated with oral analgesics, muscle relaxants, Benzodiazepines, sleep aids, TENS unit, and stretching exercises. Although a TENS unit had been used in the past, a recent request was made for another unit with supplies for use on the lower back, neck, and knee, for which still causes her chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies for lower back, neck and knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS (Transcutaneous Electrical Nerve Stimulation).

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an

adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried and failed, documentation of other pain treatments during TENS trial, documented treatment plan including the specific short and long-term goals of treatment with TENS, and documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, she had been using TENS for years. It is unknown why there is another request for a TENS unit. There was no documentation found in the notes provided for review to help explain and justify another request for this TENS unit and its supplies. Therefore, the TENS unit is not medically necessary.