

Case Number:	CM14-0047054		
Date Assigned:	07/02/2014	Date of Injury:	08/25/2013
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/15/2014

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 & Rehab 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 injured worker is a 53-year-old male who reported an injury on 08/25/2013 due to falling off a cherry picker that was 3 stories high. Diagnoses for the injured worker were head, neck, and lumbar sprain/strain. Past treatments for the injured worker were physical therapy and medications. Diagnostic studies were MRI of the cervical and lumbar spine, x-rays of the cervical and lumbar spine. These studies were not submitted for review. There was no reported surgical history for the injured worker reported. The injured worker had a physical examination on 02/25/2014 with complaints of neck, low back pain, and headaches. The injured worker stated his pain level was at a 6/10 for the upper and lower back and a 7/10 in the neck. Flexion of the neck was to 40 degrees. Side bend to the left and side bend to the right were normal. It was noted that the injured worker could not lift heavy things. The injured worker walks 20 minutes and sits and stands for 30 minutes. Medications for the injured worker were Motrin and ibuprofen. Treatment plan was for physical therapy and transcutaneous electrical nerve stimulation unit. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Months rental of Transcutaneous Electrical Nerve Stimulator Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for 3 months rental of transcutaneous electrical nerve stimulator unit is not medically necessary. The California Medical Treatment Utilization Schedule states electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservation option, if used as an adjunct to a program of evidence based functional restoration for certain conditions. A home based treatment trial of 1 month may be appropriate for neuropathic pain, CRPS 2, CRPS 1, or with evidence of neuropathic pain, including diabetic neuropathy and post herpetic neuralgia. The TENS unit is recommended for phantom limb pain and CRPS 2 with documented evidence and support for the use of it. A TENS unit may be a supplemental medical treatment in the management of spasticity in a spinal cord injury. A TENS unit may be useful in treating multiple sclerosis patients with pain and muscle spasm. The criteria for the use of a TENS unit is documentation of pain for at least a 3 month duration, documented evidence that other appropriate pain modalities have been tried including medications that have failed. A 1 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 specific short and long term goals of treatment with a TENS unit should be submitted. The document submitted for review did not outline a treatment plan of short and long term goals for the use of a TENS unit. Functional improvement from the physical therapy sessions was not reported. Other treatment modalities that the injured worker has had in the past were not reported such as medications that have failed to reduce pain. Also, the requested rental period exceeds guideline recommendations of a one month trial period. Therefore, the request is not medically necessary.