

Case Number:	CM14-0062153		
Date Assigned:	07/11/2014	Date of Injury:	12/12/2005
Decision Date:	09/17/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/05/2014

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 Illinois. 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 with a reported date of injury on 12/12/2005. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical thoracic strain/arthrosis, bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis and possible rotator cuff tears, left carpal tunnel syndrome/cubital tunnel syndrome, status post bilateral L3-4 foraminal release and partial L4 laminectomy and transverse lumbar interbody fusion with cage, and bilateral knee arthrosis. Her previous treatments were noted to include acupuncture, medications, and surgery. The progress note dated 01/21/2014 revealed the injured worker complained of shoulder pain that was worse with activities and the left shoulder pain was greater than the right. The injured worker was status post lumbar spine surgery with benefit and continued to have constant residual pain that fluctuated with intensity. The physical examination of the cervical spine revealed a negative Spurling's test bilaterally, negative foraminal compression test bilaterally, there was tenderness in the bilateral upper trapezius region. The injured worker was noted to have an adequate range of motion to the cervical region. The examination revealed tenderness in the lumbar spine from the L4 to S1 region with tenderness in the bilateral paraspinal muscle region. The examination revealed a negative straight leg raise and motor strength was rated 5/5. The Request for Authorization form was not submitted within the medical records. The request was for Transcutaneous Electrotherapy Nerve Stimulator (TENS) Unit purchase to include electrodes, batteries, and wires to the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrotherapy nerve stimulator (TENS) Unit purchase to include electrodes, batteries, wires to right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 110.

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

Decision rationale: The request for Transcutaneous Electrotherapy Nerve Stimulator (TENS) Unit purchase to include electrodes, batteries, and wires to right foot is not medically necessary. The injured worker has had previous acupuncture and physical therapy treatment. The California Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but a 1 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. The Guideline criterion for the use of a TENS is chronic intractable pain with documentation of pain for at least 3 months. There must be evidence that other appropriate pain modalities have been tried (including medications) and failed. A 1 month trial of a 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 treatments should also be documented during the trial period including medication usage. There is a lack of documentation regarding a 30 day trial of a TENS unit with objective functional improvements including reduced pain medication and improvement in activities of daily living with the utilization of a TENS unit. There is a lack of documentation regarding the TENS unit being used as an adjunct to a rehabilitation program with an evidence-based approach. Therefore, the request for Transcutaneous Electrotherapy Nerve Stimulator (TENS) Unit purchase to include Electrodes, Batteries, and Wires to right foot is not medically necessary.