

Case Number:	CM14-0071796		
Date Assigned:	07/16/2014	Date of Injury:	09/28/2011
Decision Date:	09/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational Medicine 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 application for independent medical review was for DME TENS unit with a six-month supply of electrodes. Per the records provided, there was a May 15, 2014 letter from the attorney. There was a March 25, 2014 Pain Medical Network refill clinic note. He previously completed risk testing and was deemed medically appropriate for the refill clinic. He is low risk for this monitoring.. He has a medication safety agreement. The diagnoses were radicular symptoms syndrome of the lower limbs, muscle spasm, chronic pain syndrome, sacral coccygeal arthritis, and other chronic pain. There was a refill of his hydrocodone acetaminophen. Earlier notes from the Pain Medical Network were provided. At that time he was a 33-year-old male who was injured while working for a skylights windows and doors company. Current medicines included Paxil. He continued to work full time. He reportedly lost his medicine and had a police report to substantiate it. They will increase his Paxil to maintain his stability and mood. There was an exam from April 30, 2014. Skelaxin did not reduce his spasm. Butrans is helping a little bit. Current medicines are Butrans, Skelaxin, Wellbutrin and Norco. They will consider trigger point injections and consider physical therapy and an EMG. There was also a formal request for a TENS unit with a six-month supply of electrodes. It is being used in facilitation with his rehabilitation plan. There is not a mention of a trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit with 6 month supply of electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

Decision rationale: The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-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, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia (Niv, 2005). Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985). Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury (Aydin, 2005). Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm (Miller, 2007). The records submitted do not show that the claimant had these conditions. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be 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. There was no evidence of such in these records. For the above reasons, the request for a full purchase of the unit with 6 month supply of electrodes is not medically necessary.