

Case Number:	CM14-0074409		
Date Assigned:	07/16/2014	Date of Injury:	10/20/2012
Decision Date:	08/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/22/2014

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 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 35-year-old male who reported injury on 10/20/2012 with an unknown mechanism. He had diagnoses of closed fracture face with other bones, pain of thoracic spine, and depression not specified. Past treatment included TENS unit, home exercise program and self care, and oral medications. The injured worker complains of pain to the left wrist and right side of the face. His pain was located on the right side of his face. He stated that medications helped with pain 30% to 40% but keeps under control and the TENS is very helpful in managing his pain and enabled him to do better ADLs. Examination on 05/21/2014 showed left wrist flexion and extension actively of 40% to 50%, tenderness to palpation in the face and mandibular area and thoracic paraspinal muscles. His medications included Omeprazole, Tramadol, and a topical analgesic. The treatment plan was for refill of medications, TENS patches, continue TENS unit, home exercise program, and self care. There was no rationale for the request. The request for authorization form was signed and dated 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 2 pairs of TENS patches (DOS 3/22/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit (trancutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation TENS Unit, chronic pain (trancutaneous electrical nerve stimulation).

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

Decision rationale: The injured worker complained of pain to the face and left wrist. The injured worker had past treatments of TENS unit, oral and topical medications. The California MTUS Guidelines for the use of TENS unit requires chronic intractable pain with documentation of at least 3 month duration, there needs to be evidence that other appropriate pain modalities have been tried including medication and failed. A 1 month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within 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. A treatment plan including the specific short and long-term goals of treatment with a TENS unit should be submitted. The injured worker has been using a TENS unit; however, there is lack of documentation that TENS unit has been beneficial to him by decreasing his pain significantly as well as allowing him to return to work. There is no documented list of short-term and long-term goals with use of a TENS unit as well as no documentation of other pain modalities have been tried other than a home exercise program. Given the above, the retrospective request for 2 pairs of TENS patches (DOS 3/22/14) is not medically necessary and appropriate.