

Case Number:	CM14-0084473		
Date Assigned:	07/21/2014	Date of Injury:	02/07/2005
Decision Date:	08/26/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/06/2014

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 49-year-old male who reported an injury on 11/02/2009 secondary to an unspecified mechanism of injury. The injured worker was evaluated on 05/16/2014 for reports of worsening condition. The exam noted muscle spasm involving the trapezius, levator scapula, and rhomboideus major and minor. The lumbar spine exam noted paravertebral muscle spasms, tenderness at the lumbosacral junction, and tenderness at L4, L5, and S1 to spinous processes. The diagnoses included lumbar and cervical spinal stenosis. The treatment plan included continued pain management with a VQ OrthoStim unit. The Request for Authorization was not provided. The rationale for the request was for reduction of pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS supplies (electrodes, battery, cables, garment): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The request for TENS supplies (electrodes, battery, cables, garment) is non-certified. The California MTUS Guidelines do not recommend TENS units as a primary

treatment modality; however, 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. There should be documentation of pain at least 3 months in duration, evidence that other appropriate pain modalities have been tried and failed, and a 1-month trial period of the TENS unit should be documented. There is a significant lack of clinical evidence in the documentation provided of a trial of TENS unit for 1 month. Furthermore, the clinical notes indicate the unit is an interferential current stimulation unit. The guidelines do not recommend interferential current stimulation as an isolated intervention; however, a trial for 1 month may be appropriate. Therefore, due to the significant lack of clinical evidence of a 1 month trial of the TENS unit, and clinical documentation of the efficacy of that trial, the request for TENS supplies (electrodes, battery, cables, garment) is non-certified.