

Case Number:	CM14-0099945		
Date Assigned:	07/28/2014	Date of Injury:	08/02/2008
Decision Date:	09/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/30/2014

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 patient is a 47-year-old female who has submitted a claim for shoulder pain, left cervicotrachezial strain, lumbar radiculopathy, chronic back pain, cervical strain, and possible left sacroiliac joint pain/dysfunction associated with an industrial injury date of 8/2/2008. Medical records from 11/7/2013 up to 6/20/2014 were reviewed showing that the patient has continued neck pain, lower backache, and left upper extremity pain. It was reported that her pain level has remained unchanged since the last visit, although that visit was not available for review. She stated that her quality of sleep is fair and her activity level has increased. Physical examinations noted that her condition has not changed since the previous visits. The last known physical examination was not documented. Treatment to date has included TENS unit, Tylenol, Skelaxin, Flector, Vicodin, nortriptyline, Lyrica, Prilosec, ibuprofen, Cymbalta, Protonix, Zanaflex, Pristiq, left carpal tunnel injections, trigger point injections, and physical therapy. Utilization review from 6/26/2014 modified the request for TENS (Transcutaneous Electrical Nerve Stimulation) electrodes for 12 months QTY: 12.00 to one month of TENS electrodes. The patient's activity limitations have remained unchanged with the use of TENS unit and medications. Ongoing use of a TENS unit relies upon demonstrated objective functional and symptomatic improvement which is not currently provided in the medical information.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) electrodes for 12 months QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116; 48. Decision based on Non-MTUS Citation Chong, 2003; Spruce, 2002; Niv, 2005.

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

Decision rationale: As stated on pages 114-116 of the California MTUS Chronic Pain Medical Treatment guidelines, TENS units are 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. Criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, the patient has been using TENS unit since at least 11/7/2013 with no decrease in her pain level. There was a subjective increase in her activity level however, no evidence of objective gains were documented. Although it was mentioned that the TENS unit is being used to help the patient taper her oral medications, there was no treatment plan discussing the specific short and long term goals of treatment with the TENS unit. There is likewise no discussion as to why electrode supply for 12 months should be certified at this time. Therefore the request for TENS (Transcutaneous Electrical Nerve Stimulation) Electrodes for 12 months Qty: 12.00 is not medically necessary.