

Case Number:	CM14-0006713		
Date Assigned:	11/25/2014	Date of Injury:	10/17/2005
Decision Date:	01/02/2015	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	01/17/2014

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 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:

There were 29 pages provided for this review. The application for independent medical review was signed on January 17, 2014. It was for a TENS unit purchase. There was a November 5, 2013 non certification recommendation. Per the records provided, the claimant was placed on permanent and stationary status by the Agreed Medical Examiner on October 17, 2013. The claimant had slowly been weaning off of medication. The TENS unit was reportedly of benefit to control the pain when the claimant was not taking medicine. The treatment plan was for a blood test to make sure the liver and kidney functions were okay, and continue with the TENS unit. It is noted in the utilization review, however, that TENS units are not intended as a primary treatment mode. There is no documentation that the unit had made any significant change in the claimant's functional status such as an increase in the total number of hours able to work, the number of hours worked in a shift or positive changes in reducing restrictions. There is no note from the employer that there was improved functional work status. There is no mention of medication reduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Tens Unit for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS unit.

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

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) I did not find in the records that the claimant had any of these conditions that warrant TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement is. 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. Per review of the medical records provided and the MTUS guidelines, the request for Purchase of a Tens Unit for the Cervical Spine is not medically necessary.