

Case Number:	CM14-0113307		
Date Assigned:	08/01/2014	Date of Injury:	10/07/2008
Decision Date:	01/28/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 58 year old male who was injured on 10/7/2008 after falling. He was diagnosed with rib fractures, pneumothorax, low back pain, neck pain, and left shoulder pain. He was treated for the pneumothorax and later for his musculoskeletal pain with occupational/physical therapy, facet joint blocks and epidural injection (lumbar), and medications. On 5/19/14, the worker was seen by his treating physician reporting low back pain. He reported, however, that his most recent lumbar epidural steroid injection reduced his pain by more than 50% and had not noticed any neuropathic pain since. His pain was rated at 3-4/10 on the pain scale without medications and 2-3/10 with medications. He reported working full time. He also reported taking tramadol and tizanidine which help lower his pain further. Later, a request for a TENS for trial was made on behalf of the worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) Unit (30 Day Trial): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Current Treatment Coverage Guidelines: Blue Cross Blue Shield; CMS; AETNA and Humana

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was a report of the worker having experienced some relief of his pain with TENS unit use during his supervised physical therapy sessions. He was recommended to have a trial for 30 days of a TENS to use at home. Upon review of the documents, the worker reported taking tramadol daily and still experienced pain levels around 2-3/10. Considering the worker is still in pain and still using medications, the TENS unit, if it helps might potentially allow the worker to reduce his medication use. Therefore, it is reasonable and medically necessary to do a 30 day trial of the TENS unit in this case.