

Case Number:	CM14-0139123		
Date Assigned:	09/05/2014	Date of Injury:	11/14/2013
Decision Date:	05/04/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

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 57 year old male who sustained an industrial injury on 11/14/13. Initial complaints included back, neck, right shoulder and knee pain. Initial diagnoses included pain/contusion of the knee, and sprain/strain of the lumbar spine. Treatments to date include a TENS unit, medications, and physical therapy. Diagnostic studies include a MRI and an EMG/NCV. Current complaints include neck and low back pain. In a progress not dated 07/11/14 the treating provider reports the plan of care as continued pain medications. The requested treatment is a 6 month renewal of the TENS rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 Month Rental of Neurostimulator Transcutaneous Electrical Nerve Stimulation (TENS)/Electrical Muscle Stimulation (EMS) for The Cervical, Thoracic and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS): Chronic Pain.

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

Decision rationale: The criteria for the use of TENS in chronic intractable pain is as follows: 1) Documentation of pain of at least 3 months' duration. 2) Evidence that other appropriate pain modalities have been tried (including medications) and failed. 3) A one month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. 4) Other ongoing pain treatments should be documented. 5) Treatment plan should include short and long-term goals of treatment with TENS submitted. 6) A two lead unit is usually recommended with documentation required why a four lead unit is required. In this patient a one month trial was efficacious, however the medical records do not document evidence of functional improvement, including decreased pain medications or change in work status. The patient continued to require pain medications and on one occasion required an increase in pain medication. The records do not support that the patient has neuropathic pain for which TENS is recommended, including diabetic neuropathy, post-herpetic neuralgia, CRPS, phantom limb pain, spasticity or multiple sclerosis. Therefore a TENS unit is not medically necessary.