

Case Number:	CM14-0193145		
Date Assigned:	11/26/2014	Date of Injury:	10/28/2012
Decision Date:	01/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal 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 injured worker (IW) is a 41-year-old woman with a date of injury of October 28, 2012. She sustained injury to her low back and neck while performing her regular and customary work duties as a caregiver. The current diagnoses are lumbar strain/sprain; lumbar facet arthrosis; chronic low back pain; thoracic sprain/strain, possible myelopathy; and headaches. Treatment has included selected catheterization, left L4-S1 epidural, medications. Pursuant to the Primary Treating Physician's Progress Report dated October 9, 2014, the IW complains of cervical neck pain rated 10/10, dorsal spine pain rated 10/10, low back pain rated 10/10, and chronic myofascial pain. The pain is constant and severe and prevents her from sleeping. The back pain radiated to her groin, pelvis, legs, buttocks, and feet. Examination of the lumbar spine reveals spasms and painful range of motion (ROM). There is positive hyperreflexia bilaterally at patella, pain with flexion and extension, and tenderness to palpation over the facer joints. Exam of the thoracic spine reveals spasms and interscapular pain. Exam of the cervical spine reveals spasms. Documents reference painful and decreased range of motion (ROM). There is facet tenderness and bilateral tenderness. Current medications include Flexeril 7.5mg, Gabapentin 600mg, Norco 10/325mg, and Vitamin D 2000 IU. There is documentation in the medical record that the IW has opioid tolerance. There is a prescription for a TENS unit in the medical record dated February 21, 2013. There is no other mention of TENS unit, including functional improvement documented in the medical record. The TENS unit is not mention in any of the documented treatment plans. The documented treatment plan includes, home exercise program is to be continued. The IW will continue her medications, and cervical facet blocks of C5-C6 and C6-C7 X 3 will be scheduled. An injection of Toradol 60mg and 3cc Marcaine was administer to the thoracic spine on the October 9, 2014 date of service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review (DOS: 10/6/14) Ongoing monthly E-Stim supplies (TENS-EMS):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective review (date of service October 6, 2014) ongoing monthly E STIM supplies (TENS - EMS) is not medically necessary. The guidelines enumerated criteria for the use of TENS. The guidelines enumerate the criteria for the use of TENS. They include, but are not limited to, there is evidence that other appropriate pain modalities have been tried (including medications) and failed; 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, rental would be preferred over purchase during this trial; other ongoing pain treatment should be documented during the trial including medication usage; after a successful one month trial, continued TENS treatment may be recommended if the physician documents that the pain is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time (at this time of purchase may be preferred over rental); TENS is not recommended as a primary treatment modality, but a one month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration including reductions in medications. In this case, there is a prescription indicating a TENS unit is to be prescribed. There is no other documentation in the medical record discussing objective functional recruitment or any other documentation concerning TENS usage. A subsequent progress note does mention continuing home exercise program, however, the progress note does not discuss the TENS unit with her without improvement. There is discussion within the body of the medical record as to opiate dependency. Consequently, the requesting physician did not meet the criteria for TENS unit purchase along with ongoing monthly E Stim supplies (TENS - EMS). Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, retrospective review (date of service October 6, 2014 ongoing monthly E Stim supplies (TENS - EMS) is not medically necessary.