

Case Number:	CM14-0195557		
Date Assigned:	12/03/2014	Date of Injury:	06/24/2014
Decision Date:	01/20/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 is a 59-year-old woman with a date of injury of 06/24/2014. A treating physician note dated 11/10/2014 identified the mechanism of injury as a fall, resulting in back pain. Treating physician notes dated 11/10/2014 indicated the worker was experiencing mid-back pain that went into the left leg. No other clinical records were submitted for review. Documented examinations consistently described tenderness in the mid-back muscles. The submitted and reviewed documentation concluded the worker was suffering from thoracic strain/sprain with bulging disk(s). Treatment recommendations included oral pain medications, physical therapy, weight loss; TENS, chiropractic care, and follow up care. A Utilization Review decision was rendered on 11/18/2014 recommending non-certification for a retrospective request for a TENS unit with two electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS electrodes x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. The submitted records indicated the worker was experiencing mid-back pain that went into the left leg. There was no documented trial, the degree of pain control with other treatments was not recorded, and there was no suggestion the worker was experiencing any of the above conditions. In the absence of such evidence, the current retrospective request for a TENS unit with two electrodes is not medically necessary.