

Case Number:	CM14-0196913		
Date Assigned:	12/04/2014	Date of Injury:	07/23/2014
Decision Date:	01/22/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine Rehab 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:

This is a 23-year-old female with a date of injury of 7/23/14. Mechanism of injury was a neck and back injury caused while opening a steel-rolling door that weighed about 50 pounds. She also has a history of pushing a 25-pound pallet. The patient was initially diagnosed with a cervical/thoracic/lumbar strain without radiculopathy and conservative care was initiated, including PT, medications and modified activity. She had persistent symptoms and was referred to a pain specialist on 10/02/14. She complained of 8-10/10 lumbar pain that radiated to the left leg/foot with associated tingling at the foot. She was diagnosed with lumbar disc disease, lumbar radiculopathy and piriformis syndrome by the pain specialist. Electrodiagnostics were ordered and ESI was considered. At some point, a TENS purchase was recommended, however, the report requesting the electrical stimulation device was not submitted for this IMR review. The TENS requested was submitted to Utilization Review with an adverse determination rendered on 10/21/14. The UR advisor notes that the service request was for a TENS unit and supplies with an Interferential unit Interspec IF II. The review does not recommend certification.

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 with supplies: Upheld

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

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

Decision rationale: Guidelines support use of TENS as an adjunct to treatment for intractable pain due to neuropathic pain, CRPS, phantom limb pain, spasticity, multiple sclerosis, and temporary use in the post-op period. Prior to consideration of a purchase, guidelines recommend a trial and define a trial as 30 days. In this case, the device requested appears to be an Interferential Stimulator, not a TENS. TENS may be considered following a trial, however, there was no indication for TENS purchase prior to a trial. There is also a discrepancy in the type of device requested, as a TENS is a complete different device than IF (with different guideline criteria). Medical necessity for this request of a TENS unit with supplies is not established.