

Case Number:	CM14-0203415		
Date Assigned:	12/15/2014	Date of Injury:	04/19/2012
Decision Date:	01/31/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 43-year-old woman with a date of injury of April 19, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are C6-C7 discopathy; bilateral upper extremity overuse tendonitis; status post right-sided carpal tunnel release; L4-L5 discopathy with mild listhesis; internal medicine complaints; and headaches with blurred vision. Pursuant to a progress note dated October 23, 2014, the IW complains of persistent back pain status post physical therapy (PT). Examination of the lumbar spine reveals tenderness about the lumbar paraspinal muscles and trapezial muscles. There are mild muscle spasms. The IW is not using any assistive devices. Range of motion of the lumbar/cervical spine with active cooperation and effort is slightly decreased. Muscle strength is 5/5 in all major muscle groups of the lower extremities. Circulation is normal. Coordination and balance was intact. The IW does not use any assistive devices. According to a September 15, 2014 PT progress report, the IW continues to feel pain in her lower back that is increasing. She only shows improvement in her hamstring flexibility and slightly improved abdominal strength. The IW is capable of performing her exercises at home independently. The IW was advised to speak to the treating physician about a TENS unit which was used in therapy. The body part to which the TENS was used was not documented. Objective functional improvement associated with use of a TENS unit was not documented. The current request is for a TENS unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

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: Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS is not recommended as an isolated intervention, but a one-month home-based tense trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. For chronic pain is generally not recommended as there is strong evidence that tens is not more effective than placebo. The criteria for TENS use are enumerated in the Official Disability Guidelines. They include, but are not limited to, a one month trial period should be documented (as an adjunct 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; a treatment plan including specific short and long-term goals of treatment with the TENS unit should be submitted; etc. See guidelines for details. In this case, the injured worker's working diagnoses are C6 - C7 discopathy; bilateral upper extremity overuse tendinitis; status post right sided carpal, release; L4 - L5 discopathy with mild listhesis; internal medicine complaints; headache with blurred vision. The documentation in the medical record indicates the TENS unit was used during physical therapy. There is no documentation as to what area was treated, the frequency of treatment or the outcome of treatment. The prescription for the TENS unit does not state whether this is a 30 day/one month trial or for purchase. The request for authorization indicates the TENS unit is for purchase. The guidelines recommend a 30 day trial with documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function. The guidelines also state TENS unit for chronic pain is generally not recommended as there are strong evidence that TENS is not more effective than placebo. Consequently, absent the appropriate one month clinical trial with the necessary documentation, specific short and long-term goals of treatment, the TENS unit is not medically necessary.