

Case Number:	CM15-0004561		
Date Assigned:	01/15/2015	Date of Injury:	11/29/2010
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/09/2015

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: New Jersey
 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 52 year old male who sustained an industrial injury reported on 11/29/2010. He has reported chronic back pain. The diagnoses have included: Lumbar discogenic disease - failed back; lumbago; bulging and protruding discs at lumbar 4-5 and lumbar 5- sacral 1; muscular disuse atrophy; and post-surgical states NEC. Treatments to date have included consultations; diagnostic imaging studies; a month of a transcutaneous electrical stimulation unit; and multiple medication management. The work status classification for this injured worker (IW) is noted to be totally disabled and has not working since the injury in 2010. On 12/9/2014 Utilization Review (UR) non-certified, for medical necessity, the request for a permanent transcutaneous electrical stimulation unit citing duration of time between the injury and the request, the Medical Treatment Utilization Schedule, chronic pain, transcutaneous electrical nerve stimulation, were cited. The 12/10/2014 Progress notes state that the current multiple medication regimen is working well for this IW, that he is a neuro-surgical candidate, and that the 1 month transcutaneous electrical stimulation unit really helped him, that he uses it in physical therapy; and it is being recommended for his chronic back pain, in common sense, as not much else is really helping this IW.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit permanent: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, include: 1. Documentation of pain of at least 3 months duration. 2. Evidence that other appropriate pain modalities have been tried and failed. 3. Documentation of other pain treatments during TENS trial. 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS. 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there was insufficient reporting of the time when he had trialed a TENS unit for about one month after his surgery, which the provider reported was helpful to him. A measurable functional and pain assessment from this trial needs to be discussed in the documentation. Also, there needs to be a plan for ongoing physical medicine during the use of the TENS. Therefore, without this specific and documentation of measurable benefit from its prior use, the purchase of a TENS unit cannot be justified, and it will be considered medically unnecessary until this is provided to the reviewer.