

Case Number:	CM15-0007504		
Date Assigned:	01/22/2015	Date of Injury:	10/08/2006
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/13/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64-year-old male who reported an injury on 10/08/2006. The mechanism of injury was reportedly when he hit a deer on the road. His diagnoses include lumbar sprain/strain, shoulder sprain/strain, and chronic neck pain. Past treatments were noted to include medications, chiropractic therapy, medications, acupuncture, TENS unit, 2 back surgeries, injections, psychotherapy, massage therapy, and Functional Restoration Program. It was indicated the TENS unit trial was beneficial. On 12/31/2014, it was indicated the injured worker had complaints of low back pain that radiated across. He also indicated cervical pain and bilateral shoulder pain. Upon physical examination, it was indicated the injured worker had mild to moderate discomfort. It was noted his range of motion to his cervical spine was slightly restricted and painful. It was also indicated that he had painful and diminished range of motion to the bilateral shoulders and lower back. It was also noted that the injured worker had tenderness to the lumbar spine and bilateral shoulders and presented with a positive Tinel's bilaterally. Medications were noted to include tramadol, Norco, atomoxetine, lidocaine patch, aspirin, Lipitor. The treatment plan was noted to include injections, physical therapy, x-rays, splints, and a TENS unit. A request was received for TENS Unit (GSMHD Combo with HANS) Purchase with Supplies - Electrodes 8 pair/Month, Batteries, AAA, 6/month as he had used it in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit (GSMHD Combo with HANS) Purchase with Supplies - Electrodes 8 pair/Month, Batteries, AAA, 6/month: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 235, 300, Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), Criteria for.

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

Decision rationale: According to the California MTUS Guidelines, TENS units are recommended as an adjunct to a program of evidence based functional restoration. The guidelines indicate the criteria for the use a TENS unit is documentation of pain for at least 3 months, evidence that other appropriate pain modalities have been tried and failed, and a 1 month trial of the unit has been documented with evidence of functional improvement and pain relief. The clinical documentation submitted for review indicated the injured worker had pain despite multiple pain modalities. It was also indicated the injured worker had a trial of a TENS unit use and received benefits; however, there are no quantitative objective findings regarding pain relief and functional improvement from the trial. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify which body region this is to benefit. As such, the request for TENS Unit (GSMHD Combo with HANS) Purchase with Supplies - Electrodes 8 pair/Month, Batteries, AAA, 6/month is not medically necessary.