

Case Number:	CM15-0009735		
Date Assigned:	01/27/2015	Date of Injury:	11/07/2001
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained a work/ industrial injury on 11/7/01. Mechanism of injury was not documented. She has reported symptoms of back pain with radiation. The diagnoses have included lumbar disc degeneration and facet arthropathy. Surgery included lumbar interbody fusion as well as neck surgery. Treatment to date has included. The treating physician's report of 9/23/14 reported a well healed posterior midline incision, improved cadence and stride length, and improving range of motion, decreased pain with extension and rotation, mild decreased sensation, no focal deficits, and good range of motion of the hips, knees, and ankles. A Transcutaneous Electrical Nerve Stimulation (TENS) unit was recommended as well as to continue physical therapy 2 x week for 4 weeks. On 1/9/15 Utilization Review non-certified (1) Transcutaneous Electrical Nerve Stimulation (TENS) unit ([REDACTED]) citing the Medical treatment Utilization Schedule (MTUS) -California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit ([REDACTED]): Upheld

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

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

Decision rationale: The patient was injured on 11/27/01 and presents with improved neck pain. The request is for a TENS UNIT. There is no RFA provided and the patient's work status is unknown. The utilization review letter indicates that the patient has used a TENS unit before. Per MTUS guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. The patient is diagnosed with lumbar disc degeneration and facet arthropathy. Unfortunately, there is only one progress report provided from 09/23/14 which does not provide any discussion regarding the request. It appears that the patient has previously used the TENS unit. There is no mention of how the patient is utilized the TENS unit, how often it was used, and what outcome measures are reported in terms of pain relief and function. The treater has not indicated a need for a TENS unit based on the MTUS criteria. There is no diagnosis of neuropathy, CRPS, or other conditions for which a TENS unit is indicated. Therefore, the requested TENS unit IS NOT medically necessary.