MAXIMUS Federal Services

Case Number:	CM15-0103321		
Date Assigned:	06/05/2015	Date of Injury:	11/06/2014
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 22-year-old male who sustained a repetitive industrial injury on 11/06/2014. The injured worker was diagnosed with thoracic/lumbar spine sprain/strain. Treatment to date includes diagnostic testing, conservative measures, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on April 28, 2015, the injured worker continues to experience mid and low back pain. Examination of the thoracic spine demonstrated tenderness to palpation of T10-T12 with decreased range of motion. The lumbar spine examination noted tenderness to palpation of L3-S1 with negative straight leg raise test bilaterally and decreased range of motion. The injured worker was able to heel and toe walk. Motor strength, sensory and deep tendon reflexes were intact. Current medications were not documented. The documentation did note the injured worker smokes marijuana (medical). Treatment plan consists of medications for pain (no documentation of name/dosage), thoracic and lumbar spine magnetic resonance imaging (MRI), continue with home exercise program, physical therapy/ chiropractic manipulative therapy (CMT) and the current request for purchase of transcutaneous electrical nerve stimulation (TEN's) unit for the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Transcutaneous Electrical Nerve Stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R Page(s): 16 of 127.

Decision rationale: This claimant was injured in 2013 with a thoracolumbar strain. There is continued pain and tenderness to the back. There is no mention of objective functional improvement out of a TENS trial. The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be 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. There was no evidence of such in these records. The request is appropriately not medically necessary.