

Case Number:	CM15-0134281		
Date Assigned:	07/22/2015	Date of Injury:	11/28/2005
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/10/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 58 year old female, who sustained an industrial injury on 11/28/2005. The mechanism of injury was not noted. The injured worker was diagnosed as having displacement of intervertebral disc, site unspecified, without myelopathy. Treatment to date has included physical therapy, home exercise program, and medications. Per the most recent progress report (12/10/2014), the injured worker returned for routine 6 month follow-up visit and reported no change in symptoms. Objective findings were not documented. No active treatment was required at the time and the treatment plan included medications and home exercise. Her work status was permanent and stationary. The use of a transcutaneous electrical nerve stimulation unit was not referenced. A previous progress report (8/2014) also did not reference the use of a transcutaneous electrical nerve stimulation unit. An updated progress report regarding the requested supplies for a transcutaneous electrical nerve stimulation unit was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Electrodes, per pair, Conductive paste or gel, DOS: 04/24/15:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 113-117.

Decision rationale: Per the guidelines, a TENS or inferential unit 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. Additionally, it is not being used as an adjunct to a program of evidence based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit Electrodes, per pair, Conductive paste or gel, DOS: 04/24/15 is not substantiated. Therefore, the request is not medically necessary.