

Case Number:	CM15-0163304		
Date Assigned:	08/31/2015	Date of Injury:	01/15/2014
Decision Date:	09/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/18/2015

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: Emergency 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 25 year old male, who sustained an industrial injury on 1-15-14. The documentation noted on 5-6-15 the injured worker reported that he was driving in the car and felt really nervous and had anxiety and turned his neck and caused severe pain and tenderness and sharp pain into his legs. The documentation noted on 7-1-15 the injured worker has shown functional improvement with treatment per chronic pain Guidelines. The documentation noted under objective findings the injured worker has pain at L4-L5, L5-S1 (sacroiliac), positive kemp right leg weakness, spasms and decreased range of motion at C3-C5 on the right. The diagnoses have included sprain of neck; cervicothoracic sublux and lumbar region. The request was for home transcutaneous electrical nerve stimulation unit for cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS (transcutaneous electrical nerve stimulation) unit (cervical and lumbar spine):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of radicular/neck pain. There is no documentation of failures of conservative treatment modalities. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1month trial of TENS. Patient fails multiple criteria for TENS and does not meet single criteria for recommendation. TENS is not medically necessary.