

Case Number:	CM15-0167426		
Date Assigned:	09/08/2015	Date of Injury:	02/24/2014
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 44 year old male, who sustained an industrial injury on February 24, 2014, incurring mid back and neck injuries. He was diagnosed with closed thoracic vertebra fracture with a spinal cord injury and dysphagia. Treatment included pain medications, physical therapy and home exercise program, acupuncture, video swallow studies, and activity restrictions. Electromyography studies revealed bilateral mononeuropathy. Currently, the injured worker complained of constant pain in his neck and middle back area rated 6 to 8 out of 10 on a pain scale from 1 to 10. His pain intensified when he lifts and carried things, bends down, sits, stands and walks interfering with activities of daily living. He complained of depression and difficulty sleeping secondary to the insistent pain. He noted acupuncture and physical therapy did not help relieve the pain. Chiropractic sessions and medications helped manage his pain especially with mobility. The treatment plan that was requested for authorization included a purchase of transcutaneous electrical stimulation unit supplies for the cervical spine and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit with supplies for the Cervical Spine, Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, purchase TENS unit with supplies for the cervical spine and thoracic spine is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are closed dorsal (thoracic) vertebral fracture T-1 - T6 level with unspecified spinal cord injury; other pain disorder related to psychological factors; and dysphasia. Date of injury is February 24, 2014. Request for authorization is August 14, 2015. According to an August 13, 2015 progress note, "there are no subjective complaints today". Objectively, there is pain in the low and high lumbar paraspinals. There is no neurologic evaluation. There is no documentation of a 30 day TENS trial. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective complaints on the date of examination (August 13, 2015) and no documentation showing a 30 day TENS trial, purchase TENS unit with supplies for the cervical spine and thoracic spine is not medically necessary.