

Case Number:	CM15-0169493		
Date Assigned:	09/10/2015	Date of Injury:	03/20/2015
Decision Date:	10/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/28/2015

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 57 year old female who sustained an industrial injury on 03-20-15. A review of the medical records indicates that the injured worker is undergoing treatment for cervical, thoracic, and lumbar strain. Medical records (07-11-15) indicate pain level 5/10 without medications, and 2/10 with medications. The physical exam (08-11-15) reveals normal range of motion of the cervical spine with no pain noted during range of motion testing. Normal range of motion was also noted in the bilateral shoulder, bilateral hips and knees, and lumbar spine. Treatment has included medications, right hip injection, and physical therapy. The treating provider indicates the treatment plan includes a trial of a TENS unit. The original utilization review (08-25-15) non-certified a TENS unit purchase as there is no documentation of a TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase TENS Unit Trial for 3 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Work-Relatedness, Chapter 4, page 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The current request is for Purchase TENS Unit Trial for 3 Months. The RFA is dated 08/11/15. Treatment has included medications, right hip injection, and physical therapy. The patient is working full duties. MTUS, Transcutaneous Electronic Therapy Section, page 116, regarding TENS unit states: "require (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain." Per report 08/10/15, the patient presents with right shoulder, lumbar spine and right hip pain. Examination revealed positive impingement sign on the right shoulder, decreased ROM of the lumbar spine, and tenderness at the right trochanteric bursae. All other examination findings were negative. The patient was given an injection into the right hip and the treater recommended trial TENS unit. MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. In this case, the patient does not meet the indication for the use of a TENS unit, as set forth by MTUS; therefore, the request is not medically necessary.