

Case Number:	CM15-0181307		
Date Assigned:	09/22/2015	Date of Injury:	05/16/2011
Decision Date:	10/27/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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 51-year-old male who sustained an industrial injury on 05-16-2011. Diagnoses include lumbar strain and thoracic herniation. A physician progress note dated 08-26-2015 documents the injured worker has continued increased right flank pain, which is worse when sitting, no problems standing and walking. No radiation. Flector patch works best, and he may alternate with Ibuprofen. A Transcutaneous Electrical Nerve Stimulation unit will greatly help. The Transcutaneous Electrical Nerve Stimulation unit helped when he used it in physical therapy. He has palpable tenderness in the right upper lumbar musculature and lower right thoracic musculature. He is able to walk on his heels and toes. Treatment to date has included diagnostic studies, medications, physical therapy and acupuncture. Medications include Ibuprofen, Amlodipine, and Flector patches. The treatment plan is for a Transcutaneous Electrical Nerve Stimulation unit trial and Flector patches 3% #60 twice a day with 3 refills. On 09-04-2015 the Utilization Review non-certified the requested treatment for a Transcutaneous Electrical Nerve Stimulation unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

(TENS) transcutaneous electrical nerve stimulation unit and supplies (rental or purchase):
 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 rationale: Key case observations are as follows. The claimant was injured in 2015 with increased right flank pain, which was worse when sitting. The Transcutaneous Electrical Nerve Stimulation unit reportedly subjectively helped with pain when he used it in physical therapy, but the objective functional improvement measures are not noted. 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 the conditions that warranted TENS. Also, the objective functional improvement out of trial usage is not known. Finally, it is not clear its use will be part of an evidence-based functional restoration effort. The request is appropriately not medically necessary.