MAXIMUS Federal Services

Case Number:	CM15-0184999		
Date Assigned:	09/25/2015	Date of Injury:	06/10/2000
Decision Date:	11/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 67 year old female who sustained an industrial injury 06-10-00. A review of the medical records reveals the injured worker is undergoing treatment for degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis, and chronic pain syndrome. Medical records (07-20-15) reveal the injured worker complains of left side pain radiating from the low back to the left foot. The pain is not rated. The injured worker report she had 80% pain relief from the right injections done 12-10 for about 8 months then the relief slowly wore off. The physical exam (07-20-15) reveals restricted range of motion to the neck, tenderness over the mid lumbar facets on the left. Prior treatment includes chiropractic treatments, physical therapy, massage, a TENS unit, epidural steroid injections, medications, and heat. The original utilization review (08-31-15) non-certified the request for TENS electrodes 2 per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit electrodes (2 packs per month):
Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, 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, and a treatment plan including specific short and long term goals of treatment. In this case, the available documentation does not provide evidence of the injured worker ever being prescribed or approved for a TENS unit. Additionally, there is no mention of the TENS unit being used or the efficacy of the treatment that would warrant continued use. The request for transcutaneous electrical nerve stimulation (TENS) unit electrodes (2 packs per month) is determined to not be medically necessary.