

Case Number:	CM15-0189691		
Date Assigned:	10/01/2015	Date of Injury:	01/12/2001
Decision Date:	11/12/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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

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 62-year-old male, with a reported date of injury of 01-11-2001. The diagnoses include status post lumbar laminectomy and discectomy with failed back syndrome. Treatments and evaluation to date have included Norco, Neurontin, and Baclofen. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-25-2015 indicates that the injured worker had low back pain. The objective findings include lumbar spine scar; restricted range of motion of the lumbar spine, and positive straight leg raise test. The treatment plan included the continuation of oral medications and Orthocare IF (interferential) unit and patches. The injured worker has been instructed to remain of work and permanent and stationary. The request for authorization was dated 08-28-2015. The treating physician requested the purchase of a TENS (transcutaneous electrical nerve stimulation) unit and purchase of TENS supplies. On 09-16-2015, Utilization Review (UR) non-certified the request for the purchase of a TENS (transcutaneous electrical nerve stimulation) unit and purchase of TENS supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit 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: 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. The criteria for the use of TENS specified by the guidelines are not supported by the clinical reports. There is no documentation of a previous trial with TENS, therefore, the request for TENS unit purchase is determined to not be medically necessary.

TENS supplies 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: 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. The criteria for the use of TENS specified by the guidelines are not supported by the clinical reports. There is no documentation of a previous trial with TENS, therefore, the request for TENS unit purchase is determined to not be medically necessary. As the request for TENS purchase is not supported, there is no indication for TENS unit supplies. The request for TENS supplies purchase is determined to not be medically necessary.