

Case Number:	CM15-0189953		
Date Assigned:	10/02/2015	Date of Injury:	10/06/2006
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 56 year old male who sustained an industrial injury on 10-06-2006. According to a progress report dated 08-19-2015, the injured worker had been scheduled for physical therapy. His current pain level was rated 6 on a scale of 1-10. "Chief complaints" included chronic low back pain due to T1-T6 spinal cord injury, status post brain contusion from fall, status post multiple injuries-pelvis, ankle, secondary to fall and heterotopic ossification due to pelvic fracture. He continued to take Percocet four times a day and was hoping to decrease the dose after therapy. He reported that he was sleeping poorly due to pain. He had been using a TENS unit, but the current unit was broken. He requested a replacement. Objective findings included full range of motion of the upper and lower extremities with moderate limitation in left hip rotation. Left hip flexion was full. He reported pain with ranging of the left hip but not the right. There was no pain with ranging the back. Diagnoses included T1-T6 level spinal cord injury unspecified, cortex contus with open ICW unspecified SOC and unspecified osteoporosis. The treatment plan included Percocet, continuation of home exercise program, physical therapy and replacement TENS unit. On 08-21-2015, the injured worker started physical therapy. On 09- 01-2015, Utilization Review non-certified the request for TENS unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

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

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation). 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition there must be a 30 day trial with objective measurements of improvement. The patient had been reportedly using a TENS unit but there was no documented objective measures of improvement in pain or function. These criteria have not been met in the review of the provided clinical documentation and the request is not medically necessary.