

Case Number:	CM15-0193204		
Date Assigned:	10/07/2015	Date of Injury:	04/08/2009
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	10/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 42 year old male, who sustained an industrial injury on 4-8-2009. The injured worker is undergoing treatment for lumbar discogenic disease, lumbar strain-sprain, lumbar radiculitis, bilateral carpal tunnel syndrome, bilateral knee sprain-strain, right knee probable internal derangement, left S1 radiculopathy and status post left knee arthroscopic debridement. Medical records dated 4-21-2015 indicate the injured worker complains of backhand and knee pain. He rates his pain 8-9 out of 10 without medication and 5 out of 10 with medication. Physical exam dated 4-21-2015 notes lumbar tenderness to palpation and spasm with positive straight leg raise. There is bilateral hand and wrist positive Tinel's and Phalen's tests. Treatment to date has included surgery, physical therapy and medication. The original utilization review dated 8-28-2015 indicates the request for Transcutaneous Electrical Nerve Stimulation (TENS) unit is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Transcutaneous electrical nerve stimulation unit (TENS unit) is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar spine sprain strain; lumbar radiculitis; bilateral carpal tunnel syndrome; bilateral knee sprain strain; status post left knee arthroscopy, debridement with tibial tubercleplasty; right knee probable internal derangement; left S1 radiculopathy; and sleep disturbance and history of ED. Date of injury is April 8, 2009. Request for authorization is August 14, 2015. The most recent progress note is dated April 21, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization, August 14, 2015. According to the April 21, 2015 progress note, subjective complaints include ongoing low back pain, bilateral knee and wrist pain and hand pain. The treating provider is requesting a left carpal tunnel release surgery. Objectively, there is positive straight leg raising lower extremities, spasm in the lumbar spine paraspinal muscles. There is a positive Tinel's and Phalen's. There is no clinical discussion, indication or rationale for a TENS unit. The location for TENS application is not discussed in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for TENS, no 30 day clinical trial, and no contemporaneous clinical documentation with a clinical discussion, indication or rationale for use, Transcutaneous electrical nerve stimulation unit (TENS unit) is not medically necessary.