

Case Number:	CM15-0193683		
Date Assigned:	10/07/2015	Date of Injury:	01/07/2005
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
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

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:

This is a 47 year old female with a date of injury on 1-7-05. A review of the medical record indicates that the injured worker is undergoing treatment for neck pain, low back pain and upper extremity pain. Progress report dated 8-6-15 reports continued complaints of neck pain that radiates down bilateral upper extremities with numbness to the fingers and weakness. Low back pain is constant and radiates down the bilateral lower extremities, left greater than the right. The pain is rated 3 out of 10 with medications and 10 out of 10 without medications. Objective findings: there is tenderness and spasm along the cervical spine, range of motion increases the pain, the lumbar spine has tenderness to palpation and range of motion is moderately limited due to pain. Left shoulder has decreased range of motion. EMG and nerve conduction study 3-15-14 revealed very mild left carpal tunnel syndrome, MRI of cervical spine 9-3-14 revealed annular bulge and minimal posterior spurring. Treatments include: medications, myofascial release, aqua therapy, home exercise program, 6 months of physical therapy, cortisone injections, acupuncture and TENS unit and lumbar surgery. Request for authorization was made for TENS unit with supplies (purchase). Utilization review dated 9-28-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit with Supplies (Purchase): 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 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. Specifically, the injured worker has had a trial with TENS but there is a lack of objective functional benefit or quantitative evidence of pain relief. These criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit which is not available in the available documentation, therefore, the request for TENS unit with supplies (purchase) is determined to not be medically necessary.