

Case Number:	CM15-0196680		
Date Assigned:	10/12/2015	Date of Injury:	08/08/2014
Decision Date:	11/23/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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 34 year old male, who sustained an industrial injury on 8-8-2014. The medical records indicate that the injured worker is undergoing treatment for lumbosacral degenerative disc disease and sciatica. According to the progress report dated 8-20-2015, the injured worker reported significantly diminished pain and discomfort, improved mobility, motion and function with 4 channel TENS unit trial. The level of pain is not rated. The physical examination of the lumbar spine reveals mild-to-moderate spasm, marked decrease in need for analgesics, and improved mobility. The current medications are Ultram. Previous diagnostic studies include electrodiagnostic testing and MRI of the lumbar spine. Treatments to date include medication management, hydrotherapy, TENS unit, and epidural steroid injection. Work status is described as unable to work. The original utilization review (9-16-2015) had non-certified a request for 4 channel TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) 4 -channel TENS unit for permanent use: 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. In this case, the TENS unit is being used as a primary treatment modality, which is not supported by the guidelines. Additionally, a 4-lead unit is being requested without an accompanying rationale, therefore, the request for one (1) 4 -channel TENS unit for permanent use is determined to not be medically necessary.