

Case Number:	CM15-0196699		
Date Assigned:	10/12/2015	Date of Injury:	07/29/2015
Decision Date:	11/23/2015	UR Denial Date:	09/08/2015
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:

This 32 year old male sustained an industrial injury on 7-29-15. Documentation indicated that the injured worker was receiving treatment for neck sprain and strain and thoracic spine sprain and strain. In a PR-2 dated 7-31-15, the injured worker complained of having neck and back pain since being involved in a motor vehicle accident on 7-29-15. Physical exam was remarkable for diffuse tenderness to palpation over the paraspinal musculature in the cervical spine and thoraco-lumbar spine with spasms and restricted range of motion with pain elicited at 45 degrees flexion and "moderate" tenderness to palpation to the neck. The treatment plan included x-rays of the cervical spine, thoracic spine and lumbar spine, ice packs, a lumbar support and medications (Ibuprofen, Cyclobenzaprine and Acetaminophen). In a PR-2 dated 8-7-15, the injured worker claimed no improvement to neck and back pain, rated 8 out of 10 on the visual analog scale. Physical exam was remarkable for "restrictive" range of motion (site not specified), "moderate" tenderness elicited in all directions. No numbness or tingling was mentioned. The treatment plan included continuing medications and physical therapy three times a week for two weeks. In a physical therapy progress report dated 8-25-15, the injured worker was "still having a lot of pain" in the cervical spine, thoracic spine and lumbar spine. The physical therapist noted that the injured worker was "still very guarded in motion". The physical therapy recommended a transcutaneous electrical nerve stimulator unit for home use. In a physical therapy progress note dated 8-27-15, the injured worker reported feeling a little better with physical therapy. The physical therapist stated that the back and "especially" the neck were still stiff and rigid but less so than before. In a PR-2 dated 8-25-15, no subjective or objective

findings were documented. The treatment plan included purchase of a home transcutaneous electrical nerve stimulator unit due to persistent pain and other pain modalities including medication have been tried. On 9-8-15, Utilization Review noncertified a request for purchase of a home transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase home TENS 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 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, there is no evidence of a one month home trial with TENS prior to this request for TENS purchase, therefore, the request for purchase home TENS unit is determined to not be medically necessary.