

Case Number:	CM15-0023453		
Date Assigned:	02/13/2015	Date of Injury:	01/13/2012
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/09/2015

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 29 year old female who sustained an industrial injury on January 13, 2012. She has reported pain in the left foot and has been diagnosed with crush injury status post immobilization injury left foot rule out reflex sympathetic dystrophy-left with complex regional pain syndrome and injury left foot. treatment has included a home exercise program, TENS unit, and a spinal injection. Currently the injured worker has dusky skin color around the toes with redness present and slight edema to the left foot. The treatment plan included a TENS unit. On January 9, 2015 Utilization Review non certified TENS unit supplies citing the EBM reference.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Pain section, TENS unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 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. While TENS there reflects the long-standing accepted standard of care within many medical communities, the results are inconclusive. Published trials do not provide information on the stimulation parameters, which are most likely to produce optimum pain relief. Several published evidence-based assessments of TENS have found the evidence is lacking concerning effectiveness. According to [REDACTED], TENS is considered investigational for treatment of chronic back pain, chronic pain and postsurgical pain was covered for certain members based on CMS rules. According to CMS, TENS is covered for 30 days in the acute postoperative period or less (as an adjunct or alternative to pharmacologic treatment). Medicare requires a month-long trial in order to determine if there is a significant therapeutic benefit. See the guidelines for additional details. TENS to the ankle and foot is not recommended. In this case, the injured worker's working diagnoses are crush injury, status post immobilization injury left foot rule out reflex sympathetic dystrophy with complex regional pain syndrome; injury left foot. TENS is not recommended for the foot and ankle. The documentation does not state whether the injured worker underwent a TENS one month trial. Additionally, published trials do not provide any information on stimulation parameters that are most likely to produce optimum pain relief. Consequently, absent clinical documentation with an appropriate indication (TENS is not indicated for the foot and ankle), TENS unit and supplies are not medically necessary.