

Case Number:	CM15-0026974		
Date Assigned:	02/19/2015	Date of Injury:	04/21/2014
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/12/2015

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: TR, California, Virginia

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 39 year old female, who sustained an industrial injury on April 21, 2014. The diagnoses have included thoracic spine disc protrusion, cervical spine discogenic pain, degenerative disc disease and lumbar spine sprain/strain. Treatment to date has included physical therapy, medication, modified work duties and diagnostic studies. Currently, the injured worker complains of neck and low back pain with weakness, headaches, spasm, tightness and stiffness. She reported her pain to be an 8 on a 10-point scale and that the condition had worsened. On examination, the injured worker had tenderness to palpation of the cervical, thoracic and lumbar spine. Her toe to heel walking was unremarkable and her leg flexors and extensors were 3/5 on the right. On January 27, 2015 Utilization Review non-certified a request for TENS unit body part: cervical/lumbar, noting that the guidelines only recommend the TENS unit for specific conditions and the injured worker has not been diagnosed with those specific conditions. The California Medical Treatment Utilization Schedule was cited. On February 12, 2015, the injured worker submitted an application for IMR for review of TENS unit body part: cervical/lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit Body Part: Cervical Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation Recommendations by types of pain, Neuropathic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: With respect to chronic and pain and according to the MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. The MTUS states that although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain (including medications). In this case the patient has not been diagnosed with a condition where use of TENS has shown proven benefit, and therefore at this time and based on the provided records, the request cannot be considered medically necessary.