

Case Number:	CM15-0028745		
Date Assigned:	02/20/2015	Date of Injury:	12/03/2009
Decision Date:	04/15/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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 (IW) is a 61-year-old female, who sustained an industrial injury on 12/03/2009. She reported injury to the low back. The injured worker was diagnosed as having cervical degenerative disc disease, thoracic sprain/strain, lumbar discogenic syndrome, myofascial pain, lower back pain, and lumbosacral or thoracic radiculitis. Treatment to date has included medications, diagnostic MRI of the cervical and the lumbar spine, home exercise program and TENS (Transcutaneous Electrical Nerve Stimulation) unit. Currently, the injured worker complains of neck pain with radiation to the left arm with numbness and low back pain with radicular symptoms in the right lower extremity. And is being treated with medications, home exercise program, and TENS. The worker has been treated with medications to help control the pain, nonsteroidal anti-inflammatories as needed, and omeprazole for stomach upset. The plan of treatment is to continue current treatment modalities. Two patches for her TENS unit are requested as are diclofenac, omeprazole, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) patch x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

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

Decision rationale: 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. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical degenerative disc disease; thoracic sprain/strain; lumbar discogenic syndrome; myofascial pain; low back pain; and lumbosacral or thoracic - radiculitis unspecified. Documentation from a January 14, 2015 progress note reflects the injured worker is using a TENS unit. There is no additional documentation indicating concurrent physical therapy, acupuncture or chiropractic treatment. The worker is engaged in a home exercise program. TENS appears to be used as a primary modality. The length of time for TENS use is not in the medical record. Documentation as to whether there was objective functional improvement is not in the medical record. There are no short and long-term goals in the medical record. There is no documentation of a TENS trial in the medical record. There is no evidence that other appropriate pain modalities have been tried and failed. Consequently, absent clinical documentation with objective functional improvement and supplementary pain modalities (physical therapy), TENS patch times 2 as is not medically necessary.