

Case Number:	CM15-0030621		
Date Assigned:	02/24/2015	Date of Injury:	02/08/2013
Decision Date:	04/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/18/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 38 year old female with an industrial injury dated February 8, 2013. The injured worker diagnoses include cervical sprain/strain, lumbar sprain/strain, left shoulder myalgia/myositis, left shoulder tendinitis, and left shoulder partial rotator cuff tear. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/23/2014, the injured worker reported constant neck pain radiating to the left upper extremity, low back pain radiating to the left lower extremity with numbness and tingling and left shoulder pain. Objective findings revealed tenderness to the cervical spine, left shoulder and lumbar spine with palpable spasms. The treating physician prescribed transcutaneous electrical nerve stimulation (TENS) unit for six months. Utilization Review determination on January 29, 2015 denied the request for TENS unit for six months, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for six months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 116.

Decision rationale: CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case the medical record does not document a trial period of TENS unit. Therefore, a 6 month rental of TENS unit cannot be justified as medically necessary.