

Case Number:	CM15-0031927		
Date Assigned:	02/25/2015	Date of Injury:	07/13/2012
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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 65 year old male who sustained an industrial injury on 07/13/2012. Current diagnoses include chronic neck pain with underlying moderate degenerative disc disease, right and left shoulder painful motion, chronic mid back pain with diffuse degenerative disc disease, and chronic low back pain with disc protrusion. Previous treatments included medication management, TENS unit, physical therapy, and chiropractic therapy. Report dated 01/12/2015 noted that the injured worker presented with complaints that included head, cervical, thoracic, lumbar spine, and bilateral shoulder pain and emotional stress. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The physician noted that the injured worker gets significant relief from the use of his TENS unit. Utilization review performed on 02/06/2015 non-certified a prescription for TENS unit supplies, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Nerve Stimulation (TENS) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic neck pain with underlying moderate degenerative disc disease C-5 - C6 and stenosis at C4, C5, C6 and C7; right and left shoulder painful motion; chronic mid back pain with degenerative disc disease; chronic low back pain with 3 mm disc protrusion L2 - L3, L3 - L4, and 3- 4 mm disc protrusion at L5 - S1. The treating provider is requesting TENS supplies. There is no documentation of what anatomical region is being treated along with documentation of objective functional improvement with TENS use. The documentation does not contain specific short and long-term goals with TENS use. Consequently, absent clinical documentation with objective functional improvement of TENS use to date, TENS unit supplies is not medically necessary.