

Case Number:	CM15-0035199		
Date Assigned:	03/03/2015	Date of Injury:	07/12/2013
Decision Date:	04/09/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old male, who sustained an industrial injury on July 12, 2013. He has reported a neck and back injury. The diagnoses have included lumbar disc displacement. Treatment to date has included transcutaneous electrical nerve stimulation unit trial, injections, and medications. Currently, the IW complains of right side neck and low back pain with radiation into the buttocks. He reported use of a transcutaneous electrical nerve stimulation unit for 1-2 times daily, which provided him 2 hours of pain relief, and decreased his pain level from 6/10 to 3/10. Physical findings are noted to be tenderness over the neck area, tenderness over bilateral sacroiliac joints, neck range of motion is restricted in all directions, an abnormal gait, positive testing in pelvic rock, sustained hip flexion, Gaenslen's, Patrick's, and Yeoman's. The records indicate he had 70% improvement with bilateral sacroiliac joint injection which lasted more than 2 hours. On February 10, 2015, Utilization Review non-certified the request for a transcutaneous electrical nerve stimulation unit. The Chronic Pain Medical Treatment guidelines were cited. On February 20, 2015, the injured worker submitted an application for IMR for review of one transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a 30-day TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.