

Case Number:	CM15-0035755		
Date Assigned:	03/04/2015	Date of Injury:	09/24/2009
Decision Date:	04/16/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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

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 50 year old female, who sustained an industrial injury on 09/24/2009. She has reported pain in the neck, left shoulder, back, bilateral knees, feet, and ankles. The diagnoses have included cervical disc displacement; cervical spine radiculopathy; left shoulder rotator cuff tear; left shoulder supraspinatus tendinosis; and lumbar spine degenerative disc disease. Treatment to date has included medications, Transcutaneous Electrical Nerve Stimulator (TENS) unit, acupuncture, chiropractic treatment, and physical therapy. Medications have included Ibuprofen. A progress note from the treating physician, dated 12/29/2014, documented a follow-up visit with the injured worker. The injured worker reported neck pain and left shoulder pain which are constant and rate 8-9/10 on the visual analog scale; lumbar spine pain rated 6/10 which is achy and sharp with constant soreness; bilateral knee pain; and constant bilateral foot pain. Objective findings included limited cervical spine range of motion; positive paraspinal tenderness to percussion of the lumbar spine with decreased range of motion; and the bilateral knees, feet, and ankles show full range of motion with pain. Request is being made for replacement of home TENS unit and supplies. On 01/28/2015 Utilization Review noncertified a prescription for Durable medical equipment (DME) purchase of Transcutaneous Electrical Nerve Stimulator (TENS) unit with supplies. The CA MTUS was cited. On 02/25/2015, the injured worker submitted an application for IMR for review of a prescription for Durable medical equipment (DME) purchase of Transcutaneous Electrical Nerve Stimulator (TENS) unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) purchase of Transcutaneous Electrical Nerve Stimulator (TENS) unit with supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was injured on 09/24/2009 and presents with pain in her neck, left shoulder, back, bilateral knees, feet, and ankles. The request is for tens unit with supplies. There is no RFA provided, and the patient's work status is not known. The patient is diagnosed with cervical spine multilevel disk bulge, lumbar spine degenerative disk disease, left shoulder rotator cuff tear, left shoulder supraspinatus tendinosis, left knee degenerative joint disease, cervical spine radiculopathy, and bilateral plantar fasciitis. She had a limited cervical spine range of motion, positive Apley's/Hawkins'/weak abduction against resistance for her left shoulder, and a limited range of motion for the lumbar spine as well as a positive toe walk and positive heel walk. There is positive paraspinal tenderness to percussion of the lumbar spine. Per MTUS Guidelines, page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month, home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. The 12/29/2014 report states, "We are requesting replacement of her home TENS unit and supplies. It has ceased to function as it is over 5 years old." The patient has been using the TENS unit prior to this request. At this time, there is no mention of how the patient is utilizing the TENS unit, how often it is used, and what outcomes measures are reported in terms of pain relief and function. The treater has not indicated a need for a TENS unit based on the MTUS criteria. The patient is diagnosed with cervical spine multilevel disk bulges, lumbar spine degenerative disk disease, left shoulder rotator cuff tear, left shoulder supraspinatus tendinosis, left knee degenerative joint disease, cervical spine radiculopathy, and bilateral plantar fasciitis. There is no diagnosis of neuropathy, CRPS, or other conditions for which the TENS unit is indicated. Therefore, the requested TENS unit is not medically necessary.