MAXIMUS Federal Services

Case Number:	CM15-0038828		
Date Assigned:	03/09/2015	Date of Injury:	09/16/2008
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 49-year-old male, who sustained an industrial injury on September 16, 2008. The injured worker was diagnosed as having lumbago, lumbar disc displacement without myelopathy, and thoracic or lumbar neuritis or radiculitis not otherwise specified. Treatment to date has included opioid and anticonvulsant, physical therapy, chiropractic therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS), nerve block injections, and opioid pain, muscle relaxant, and a partial opioid agonist medication. MRIs, CT scan, and x-rays of the lumbar spine have been performed. On February 3, 2015, the injured worker complains of vomiting and altered mental state changes due to a recent medication change. His use of a transcutaneous electrical nerve stimulation (TENS) unit relieves some of his lumbar pain and his is able to tolerate more of his activities of daily living with it on. The physical exam revealed a positive right Gaenslen's, a negative Lhermette's maneuver, negative bilateral piriformis stretch, normal muscle tone and power, and normal sensation. The treatment plan includes a urine drug screen, adjustment of the partial opioid agonist medication, and a permanent transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued use of the TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-121.

Decision rationale: According to the MTUS guidelines, the TENS unit is not recommended as a primary treatment modality. 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 for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis (MS). In this case, there is limited documentation regarding the response to a trial of the use of a TENS unit in terms of pain relief, decreased use of pain medication, and use in conjunction with a program of functional restoration. In addition, there is no documentation of any functional benefit from the TENS unit under the supervision of a physical therapist. Medical necessity for the requested item has not been established. The requested TENS Unit is not medically necessary.