

Case Number:	CM15-0041588		
Date Assigned:	03/11/2015	Date of Injury:	11/09/1999
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/04/2015

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 42-year-old male, who sustained an industrial injury on November 9, 1999. He has reported lower back pain, bilateral leg pain, and right shoulder pain. Diagnoses have included right shoulder adhesive capsulitis, bilateral lumbosacral radiculopathy, right shoulder rotator cuff injury, and failed back pain syndrome. Treatment to date has included medications, back surgery, home exercise, and imaging studies. The progress report dated November 5, 2014 indicates that the patient uses a tens unit but his patches are worn off. A progress note dated February 2, 2015 indicates a chief complaint of lower back pain and right shoulder pain. The treating physician documented a plan of care that included medications and use of a 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, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

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. Additionally, notes indicate that the patient already has a TENS unit, and it is unclear why a second unit would be needed. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.