

Case Number:	CM15-0041620		
Date Assigned:	03/11/2015	Date of Injury:	03/12/2014
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/05/2015

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 55 year old female with an industrial injury dated March 12, 2014. The injured worker diagnoses include chronic cervical sprain/strain and lumbar spine sprain/strain with radiculitis and left foot pain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 2/5/2015, the injured worker reported worsening condition with increase numbness in bilateral legs and increase stabbing and pinching in both fingers and toes. The injured worker also reported sciatica more often in both legs and pain in both wrist and elbows. Treatment plan consists of diagnostic studies, therapy and durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for the Cervical Spine and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 116.

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 for a trial of this modality. There is no documentation that there is evidence of peripheral neuropathy, multiple sclerosis, spinal cord injury, complex regional pain syndrome or phantom limb pain. 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.