

Case Number:	CM15-0047265		
Date Assigned:	03/19/2015	Date of Injury:	11/08/1999
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/12/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 65-year-old female, who sustained an industrial injury on 11/08/1999, which began with a left foot injury. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbosacral spondylosis, without myelopathy. Treatment to date has included multiple surgical interventions (left rotator cuff repair, bilateral carpal tunnel releases, and bilateral hip arthroplasties) and conservative measures, including diagnostics, medications, psychiatry, physical therapy, radiofrequency ablations of the lumbar spine, and acupuncture. Currently, the injured worker complains of low back pain and some left hand weakness. In the past, she reported the use of a transcutaneous electrical nerve stimulation unit, which allowed her to use less opiate medication. Her pain was rated 3/10. Current medications included Wellbutrin, Celexa, Ambien, Xanax, Prilosec, Voltaren gel, and Tramadol. She also used ice to help with pain. Physical exam noted a body mass index of 41.2%. An x-ray of the lumbar spine was documented as showing degenerative disc disease. Lumbar range of motion was decreased, with a positive Gower's sign. No motor weakness was noted in the lower extremities and sensation was decreased at the L5 and S1 dermatomes. An administered questionnaire placed her in a low risk category for abuse or misuse of opiate medications. The treatment plan included a new transcutaneous electrical nerve stimulation unit, as her current one was dysfunctional.

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 Transcutaneous electrotherapy, TENS Page(s): 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes: 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, it was reported in the documentation that she used a TENS unit in the past which helped her to reduce her opioid medications, but was currently dysfunctional. A new TENS unit was then requested, however, there was insufficient information provided regarding her previous use of TENS, such as what was the measurable functional gains and reduction in medication from TENS unit and how often and for which pain was it used in order to help justify its continuation. If this is shown clearly then a replacement would be reasonable. However, for now, the request for a TENS unit will be considered not medically necessary.