

Case Number:	CM15-0047467		
Date Assigned:	03/19/2015	Date of Injury:	04/13/1999
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
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: California, Hawaii
 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 55-year-old female, who sustained an industrial injury on 4/13/1999. The medical records submitted did not include details regarding the initial injury. The diagnoses have included crushing foot injury, right, nerve entrapment, peroneal nerve right lateral ankle, and lumbosacral radiculitis. Treatment to date has included medication therapy, heat, and home exercise. Currently, the IW complains of low back pain rated 5/10 VAS associated with numbness and tingling to bilateral lower extremities. The physical examination from 1/28/15 documented decreased lumbar Range of Motion (ROM) with tenderness and muscle spasms. The plan of care included requests for a Transcutaneous Electrical Nerve Stimulation (TENS) unit, pain management consultation and a lumbar cortisone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a Combo TENS, chronic pain (transcutaneous electrical nerve stimulation) unit with HAN for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

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

Decision rationale: The patient presents with pain affecting the low back with radiation to the bilateral lower extremities. The current request is for Purchase of a Combo TENS, chronic pain (transcutaneous electric nerve stimulation) unit with HAN for the lumbar spine. The treating physician report dated 1/28/15 (54) states: The following have been requested: TENS unit. No further rationale was provided by the requesting treating physician report. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. Medical reports provided, do not show that the patient has previously received a one month TENS unit trial. In this case, while a one month trial would be medically necessary, the current request for the purchase of a TENS unit is not supported by the MTUS guidelines as outlined on page 114. Furthermore, the request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain per MTUS. Recommendation is for denial. Therefore, the requested treatment is not medically necessary.