

Case Number:	CM15-0050965		
Date Assigned:	03/24/2015	Date of Injury:	12/11/2013
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/17/2015

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: Ohio, North Carolina, Virginia
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 (IW) is a 38-year-old male who sustained an industrial injury on 12/11/2013. Diagnoses include lumbar degenerative disc disease, left shoulder joint pain, lower back pain and lumbar discogenic syndrome. Treatment to date has included medications, injections, home exercise program and physical therapy. Diagnostics performed to date included x-rays and MRIs. According to the progress report dated 12/19/14, the IW reported constant pain in the neck and left shoulder and intermittent pain in the low back. He reported his pain was controlled with medications, TENS and exercise. The purchase of TENS patches x 2 for date of service 12/19/14 was requested for the use of the TENS unit for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS patches x 2 pairs for DOS: 12/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electro stimulation Page(s): 114-121.

Decision rationale: TENS units are 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Criteria for use of a TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this instance, it is documented that the combination of medication and TENS use has resulted in a 40% decrease in pain. However, evidence of a successful trial with a TENS unit is lacking from the provided documentation. Evidence of a treatment plan as it pertains to TENS unit use is not found within the submitted documentation. Additionally, evidence of functional improvement because of TENS use is not provided. Because evidence for continued TENS unit use is not provided, TENS patches X 2 pairs is not medically necessary.