

Case Number:	CM15-0054930		
Date Assigned:	03/30/2015	Date of Injury:	12/01/2007
Decision Date:	05/06/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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 34 year old female, who sustained an industrial injury on 12/01/2007. She has reported subsequent back and wrist pain and was diagnosed with L4-L5 discopathy and carpal tunnel syndrome. Treatment to date has included oral pain medication, chiropractic therapy, bracing, gym and pool membership and intramuscular injections. In a progress note dated 02/12/2015, the injured worker complained of left leg and hand numbness. Objective findings were notable for spasm, tenderness and reduced range of motion of the lumbar spine and positive Tinel's sign in the bilateral wrists. The physician requested authorization for a TENS unit without an explanation as to why the unit was being requested.

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 Transcutaneous electrotherapy, Criterial for use of TENS Page(s): 116.

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

Decision rationale: The patient has ongoing low back pain and bilateral radiculopathy along with hand numbness. The current request is for TENS unit. CA MTUS states that 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. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. The criteria for TENS includes 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. In this case, there is no documentation of a one-month trial period. There is no documentation to determine where and for what complaints the TENS unit is to be used. There is no documentation of short or long-term treatment goals. There is no discussion of renting or purchasing the equipment. The available documentation does not establish medical necessity and as such, recommendation is for denial.