

Case Number:	CM15-0056239		
Date Assigned:	04/01/2015	Date of Injury:	10/24/2004
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female, who sustained an industrial injury on 10/24/04. The injured worker was diagnosed as having L5-S1 lumbar disc protrusion with bilateral lumbar radiculitis, multilevel cervical degenerative disc disease and cervical and lumbar strain with myofascial pain. Treatment to date has included oral medications including opioids, epidural injections, Tens unit. Currently, the injured worker complains of back pain and a new diagnosis of metastatic breast cancer. Upon physical exam dated 2/17/15, tenderness is noted along the lumbar paraspinal muscles, ileolumbar and sacroiliac regions and back pain is noted on range of motion. The treatment plan included refilling Norco and Nucynta, recheck appointment and a new TENS unit. The progress report dated February 17, 2015 indicates that the patient old tens unit is broken and she would like a new one. The note states that the tens unit "typically does help her."

IMR ISSUES, DECISIONS AND RATIONALES

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

Dual channel TENS unit purchase with pads plus 12 months refills of pads: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, it appears the patient has a broken tens unit. There is no documentation indicating how frequently the unit was used, how long it was used for each session, and whether it resulted in any analgesic efficacy or objective functional improvement. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.