

Case Number:	CM15-0057022		
Date Assigned:	04/01/2015	Date of Injury:	05/20/2008
Decision Date:	05/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41 year old female sustained an industrial injury on 5/20/08. She subsequently reported back pain. Diagnoses include cervical discopathy with radiculitis and thoracolumbar discopathy. Treatments to date have included prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower extremities. A request for Purchase of TENS (transcutaneous electrical nerve stimulation) unit was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are severe cervical discopathy with radiculitis, left greater than right; and thoracolumbar discopathy. The medical record contains 38 pages. There is one progress note in the medical record dated February 12, 2015. The worker has multiple complaints including the neck, upper back, lower back and shoulders. Documentation indicates the treating provider is requesting a TENS unit for home use. There is no TENS trial in the medical record. There is no documentation of a program of evidence-based functional restoration, including reductions in medication use. There is no documentation as to what body part is to be treated in the medical record. Consequently, absent clinical documentation with a TENS trial, a program of evidence-based functional restoration and documentation of the area/region to be treated, TENS unit is not medically necessary.