

Case Number:	CM15-0084185		
Date Assigned:	05/06/2015	Date of Injury:	12/31/2013
Decision Date:	06/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/01/2015

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: Pennsylvania

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 is a 62-year-old female, who sustained an industrial/work injury on 12/31/13. She reported initial complaints of neck and low back pain. The injured worker was diagnosed as having cervical and lumbar sprain/strain and lumbar radiculopathy. Treatment to date has included medication, medical consultation, diagnostic testing, acupuncture, and physical therapy. Currently, the injured worker complains of cervical spine pain that is constant, throbbing, and aching in nature and rated 6/10 without medication and 1/10 with medication. There are also complaints of pain in the lumbar spine described as constant throbbing and aching in nature and it radiates into both lower extremities, worse on left with rating of 8/10 without medication and 2/10 with medication. Per the physician's pain medicine reevaluation report on 4/6/15, examination revealed tenderness, muscle spasms, and decreased range of motion to the cervical and lumbar paraspinal muscles. Diagnosis was cervical and lumbar spondylosis and lumbar radiculopathy per diagnostic MRI testing on 10/3/14 compared to 3/3/14. Current plan of care included continued use of the transcutaneous electrical nerve stimulation (TENS) unit and patches. The requested treatments include 3-month supply of Electrodes-Purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-month supply of Electrodes-Purchase 18 pair: Upheld

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

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

Decision rationale: TENS may be considered as an adjunct to a program of evidence based functional restoration, conditions including CRPS I and II, neuropathic pain, phantom limb pain, spasticity due to spinal cord injury and multiple sclerosis. The criteria for the use of TENS includes chronic intractable pain with 1) documentation of pain of at least 3 months duration, 2) evidence that other appropriate pain modalities have been tried (including medication) and failed, 3) 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, 4) other ongoing pain treatment should also be documented during the trial period including medication usage, and 5) a treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. In this case, there has not been sufficient documentation of a one-month trial including how often the unit was used nor the outcomes. Short and long-term goals of treatment specific to the TENS unit have not been provided. There is no evidence from the record that TENS has provided any additional treatment relief beyond what is being provided by medications and other physical therapy treatments. A 3-month supply cannot be deemed necessary.