

Case Number:	CM14-0120501		
Date Assigned:	09/24/2014	Date of Injury:	05/29/2011
Decision Date:	10/30/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 application for independent medical review signed on July 26, 2014. It was for two months of TENS supplies including electrodes, batteries and lead wires for the lumbar spine. There was a review from July 11, 2014. This was a first review. The patient was born August 17, 1964. The patient was seen on June 9, 2014. She completed chiropractic therapy, but still was noting pain in the back. The objective functional improvement out of past TENS usage, such as medicine reduction, improved activities of daily living, or improved work status, was not noted. On exam, there was tenderness in the upper, mid-and the lower paravertebral muscles with pain and mild limitation of motion. There is partially patchy, decreased sensation of both lower extremities reportedly at the L5 distribution, but without precise dermatome distribution. The remainder of the exam as reported in these records was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 mos. supplies (electrodes, batteries & lead wires) for the TENS Unit for Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

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

Decision rationale: First, the MTUS notes that TENS itself 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, for the conditions described as follows: Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005), Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985), Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005), and Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm (Miller, 2007). I did not find in these records that the claimant had these conditions. Also, there is again no mention of objective functional improvement out of the use of the device. Therefore, 2 mos. supplies (electrodes, batteries & lead wires) for the TENS Unit for Lumbar Spine is not medically necessary.