

Case Number:	CM14-0121199		
Date Assigned:	09/16/2014	Date of Injury:	09/15/2002
Decision Date:	10/20/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine, and is licensed to practice in Pennsylvania, Ohio, Michigan, and Texas. 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:

This injured worker is a 55 year-old female with a September 15, 2002 occupational injury. The specific mechanism of injury is not indicated in provided documentation. Diagnoses of cervicgia, other and unspecified disorders of back (723.1 and 724). Primary treating physician's progress note, dated July 03, 2014, indicates that the injured worker reports continued cervical spine tightness and spasms over the right side cervical trapezius region and paresthasias down the right arm into the first two fingers. She also complains of lower back pain and morning stiffness, making it difficult to move early on but does subside during the day. This office visit note indicates the treating physician requested a spinal surgeon consult for the injured workers cervical spine and a TENS unit trial at the June 06, 2014 office visit. The injured worker states she does not want to have injections; instead she wants more conservative treatments. The prior utilization review denied request for TENS unit rental x 30 days on July 02, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Stimulation, Page(s): 114.

Decision rationale: This device is not recommended as a primary treatment modality; instead it must be an adjunct to a program of functional restoration. The MTUS Chronic Pain Guidelines states on page 114: "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 below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured." Since this device is not recommended as a primary treatment modality, the request is not medically necessary and appropriate.