

Case Number:	CM14-0146438		
Date Assigned:	09/15/2014	Date of Injury:	12/18/2013
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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 New York and North Carolina. 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 employee, a 37 year old woman, claims injury 12/18/2013, and is now diagnosed with lumbar disc displacement. She was working as a cafeteria workers and slipped on the wet floor in the kitchen, landing on her back, hitting her head against the floor and twisting her ankle awkwardly. She is also being treated for neck pain, and her back pain is noted to be diffuse in nature. She is appealing the 8/19/14 denial of a request for a TENS unit purchase. She had both a lumbar and cervical MRI 3/27/13 and neither showed pathology consistent with neuropathy. The cervical spine MRI showed evidence of strain from straightening. The lumbar MRI also showed straightening, and changes were consistent with acute interspinous ligamentous strain at L4-5. She has tried other methods of managing pain, including physical therapy and medications, such as NSAIDs and tramadol. Upon completing 8 sessions of therapy, she noted improved function and decreased pain, with the TENS being most helpful. Her doctor states that with the TENS unit and a foam roller, along with a home exercise plan, have decreased her pain and usage of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy - TENS, chronic pain, Page(s): 114-116.

Decision rationale: This patient did not meet criteria for TENS unit, per the chronic pain guidelines of the MTUS. She doesn't have any of the pain conditions specified under chronic intractable pain in the guidelines. She has tried other pain management treatments, such as medications (NSAID and narcotic) and physical therapy. Additionally, there is no treatment plan with short and long-term goals of TENS treatment submitted with the initial review. The denial is upheld. Criteria for the use of TENS:1.Chronic intractable pain (neuropathic pain, phantom limb pain, CRPS II, spasticity in spinal cord injury, and multiple sclerosis):2.Documentation of pain of at least three months duration-There is evidence that other appropriate pain modalities have been tried (including medication) and failed-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-Other ongoing pain treatment should also be documented during the trial period including medication usage-A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted-A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary