

Case Number:	CM14-0160588		
Date Assigned:	10/06/2014	Date of Injury:	10/14/1999
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of October 14, 1999. A utilization review determination dated September 25, 2014 recommends noncertification for a new tens unit. Noncertification for a tens unit was recommended due to a lack of documentation of reduction in pain scores, medication use, or objective functional improvement from prior tens use. A progress report dated May 9, 2014 identifies subjective complaints of neck, low back, and knee pain. Physical examination findings reveal an antalgic gait with tenderness around the occipital insertion of the paravertebral muscles. There is also reduction in cervical range of motion with trapezius tenderness and pain. Sensation is intact and strength is mildly inhibited by neck pain. Diagnoses include multilevel cervical discopathy, lumbar sprain/strain, and bilateral knee mild to moderate arthrosis. The treatment plan states that the patient has been working and only using Tylenol for pain. The patient states that his tens unit works but the company stopped sending tens unit supplies. The provider states that this should be reinstated since it allows him to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

New TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, the requesting physician has stated that the tens unit allows the patient to work. However, it is unclear how frequently the unit is used, how much it reduces the patient's pain, and how it improves the patient's function specifically. Furthermore, it is unclear why the patient is unable to continue getting tens unit supplies for his current functioning tens unit. In the absence of clarity regarding those issues, the currently requested replacement TENS unit is not medically necessary.