

Case Number:	CM14-0218310		
Date Assigned:	01/08/2015	Date of Injury:	02/19/2014
Decision Date:	03/09/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Colorado

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 60 year old male, who was injured on the job, on February 19, 2014. The injured worker suffers from right shoulder, neck and lumbar back pain. On May 6, 2014, the injured worker underwent right rotator cuff repair surgery. On February 19, 2014, an X-ray of the lumbar spine was completed which showed a spondylosis and spondylolisthesis at L5 on S1 with moderate degenerative disc disease. The injured worker's diagnoses included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, anterolisthesis of L5 on S1 and bilateral pars defect. The injured worker had physical therapy for the right shoulder. The injured worker was taking tramadol and acetaminophen for pain. According to the progress note of September 3, 2014 the injured worker's pain medication had not changed and pain was controlled. The injured worker was making functional improvement in physical therapy. On December 3, 2014 the injured worker was taking Tylenol # 3 for lumbar discomfort. On December 24, 2014 the UR denied a TENS Unit for a 30 day trial. The denial was based on the MTUS guidelines for Criteria for the use of TENS Unit. Chronic Intractable pain, documentation of least three months duration, evidence of other appropriate pain modalities have been tried and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day rental/trial of TENS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

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

Decision rationale: According to the MTUS, the criteria for the use of TENS includes the following: Chronic intractable pain - 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. In this case there is documentation of the following: pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, that the one-month trial period of the TENS unit will be an adjunct to ongoing treatment modalities within a functional restoration approach, and other ongoing pain treatment will be ongoing during the trial period including medication usage. In this case, although there is no documentation of how often the TENS unit will be used in terms of pain relief and function and the specific short- and long-term goals of treatment with the TENS unit, a trial use will be necessary to define these potential treatment benefits and goals. Therefore, the request for TENS unit trial is medically necessary or appropriate.