

Case Number:	CM15-0003938		
Date Assigned:	01/14/2015	Date of Injury:	10/10/2009
Decision Date:	03/10/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/07/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a 69-year old female, who sustained an industrial injury on October 10, 2009 that resulted in back pain. Currently, the IW complains of low back pain rated an eight on a scale of ten. Objective findings included decreased flexion and pain spasms. Diagnoses at this visit included lumbosacral and thoracic sprain/strain and myofascial pain. Treatment plan included replacement transcutaneous electrical nerve stimulation TENS unit and prescriptions for Flexeril and Norco. On December 31, 2014, the Utilization Review decision non-certified a request for a replacement transcutaneous electrical nerve stimulation TENS unit, noting the documentation did not contain any evidence of neuropathic pain, phantom limb pain, multiple sclerosis or specifically spinal cord injury and there was not documentation to indicate why this was necessary outside of the guidelines. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of a replacement transcutaneous electrical nerve stimulation TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment: TENS Unit replacement QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines inferential current Page(s): 118-120.

Decision rationale: The MTUS states that inferential current units are "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone."Further, MTUS states; "although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. There are no standardized protocols for the use of interferential therapy; and the therapy may vary according to the frequency of stimulation, the pulse duration, treatment time, and electrode-placement technique."The medical records provided do not indicate the damage that was done to patient's current TENS unit, nor do they provide information in reference to any attempts that were made to repair the unit. The treating physician has not provided documentation of objective functional improvement with the usage of the patient's TENS unit. As such, the request for Durable Medical Equipment: TENS Unit replacement QTY 1 is not medically necessary.