

Case Number:	CM15-0005983		
Date Assigned:	01/26/2015	Date of Injury:	02/16/2013
Decision Date:	03/12/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/12/2015

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: California
Certification(s)/Specialty: Emergency 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 is a 35 year old male who sustained an industrial injury on 2/16/13. The injured worker reported symptoms in the back. The diagnoses included cervical spine stenosis, cervical strain, cervical radiculopathy, lumbar sprain/strain and lumbar radiculitis. Treatments to date have included chiropractic treatment, transcutaneous electrical nerve stimulation, home exercise program, and oral medications. PR2 dated 11/26/13 noted the injured worker presents with "cervical and lumbar pain 7/10", the treating physician is requesting transcutaneous electrical nerve stimulation electrodes. On 1/8/15, Utilization Review non-certified a request for transcutaneous electrical nerve stimulation electrodes. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for TENS electrodes, QTY: 2 (DOS: 12/24/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per MTUS Chronic pain guidelines, TENS(Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome(CRPS) pain. Patient has a diagnosis of radicular pain.Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. Patient has been using TENS for at least 1year with no documented benefit, objective improvement in pain or function, how patient is using this device and any details on efficacy. Patient fails multiple criteria for continued TENS use. TENS is not medically necessary therefore the electrodes are not necessary.