

Case Number:	CM15-0011996		
Date Assigned:	01/29/2015	Date of Injury:	10/23/1997
Decision Date:	03/25/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/21/2015

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: Physical Medicine & Rehabilitation

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 62-year-old female sustained a work-related injury on 10/23/1997. The type of injury was not in the records reviewed. Progress notes dated 9/25/2014 state her diagnosis is lumbar disc disease with radiculopathy. She reports some improvement in her pain and functional ability by using a TENS unit three times daily. Previous treatments include Ibuprofen. The treating provider requests three (3) packages of four (4) electrode adhesive pads for TENS unit per month for 12 months. The Utilization Review on 12/29/2014 modified the request to three (3) packages of four (4) electrode adhesive pads for TENS unit per month for three (3) months, citing CA MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 packages of 4 electrode adhesive pads for TENS unit per month for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116. Decision based on Non-MTUS Citation Pain Chapter. TENS, chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: This patient presents with lower back pain, lower extremity pain, and weakness. The treater has asked for 3 PACKAGES OF 4 ELECTRODE ADHESIVE PADS FOR TENS UNIT PER MONTH FOR 12 MONTHS on 12/23/14. The patient has been using a TENS unit with "subjective improvement in chronic pain, as well as a reduction in sedating and impairing medications" per 12/23/14 report. The patient has been using a TENS unit successfully for 'many years' per 12/23/14 report. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, it appears that patient has been using TENS unit for many years. The treater indicates that it's been helpful and on-going use of TENS unit may be reasonable. However, the treater does not explain why this patient needs so many electrodes every month. The electrodes are typically reusable. Furthermore, the request is for a 12 month supply which is excessive. MTUS requires on-going monitoring by the treating physician. The request IS NOT medically necessary.