

Case Number:	CM15-0016862		
Date Assigned:	02/05/2015	Date of Injury:	12/07/2013
Decision Date:	03/23/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male, who sustained an industrial injury on December 7, 2013. The diagnoses have included lower back pain, lumbar sprain/strain, lumbar radiculitis, cervical pain, cervicogenic headaches and acromioclavicular joint, and degenerative joint disease. Treatment to date has included physical therapy, TENS unit, pain medication, and diagnostic MRI. Currently, the injured worker complains of bilateral shoulder pain and low back pain which is rated a 9 on a 10-point scale. The pain is aggravated by cold weather and improves with medication. On examination, there was decreased cervical range of motion with flexion and extension and there was tenderness to palpation over the paraspinal muscles. The injured worker was able to walk on his heels and toes with some pain. He had tenderness to palpation over the right shoulder and a decreased range of motion. On January 16, 2015 Utilization Review non-certified a request for purchase of TENS electrodes (4), noting that the injured worker uses TENS however, the documentation does not indicate the effectiveness of the TENS therapy. The California Medical Treatment Utilization Schedule was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of a purchase of TENS electrodes (4).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS electrode x4 purchase: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS) Page(s): 114-11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), p114 Page(s): 114.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic pain. He already uses a TENS unit with reported benefit. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. Properly cared for, these electrodes should last from 1 - 3 months at a minimum. In this case, the claimant already uses TENS and the fact the pads need to be replaced is consistent with its continued use and efficacy. The quantity being requested is appropriate and therefore medically necessary.