

Case Number:	CM15-0018547		
Date Assigned:	02/06/2015	Date of Injury:	02/09/2005
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/31/2015

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 was a 49 year old male, who sustained an industrial injury, February 9, 2005. The injury was sustained when the injured worker tilted 150 pound drum. According to progress note of January 16, 2015 the injured workers chief complaint was low back pain. The physical exam noted decreased sensation of the dermatomes at the left L5-S1 site. The injured worker received authorization for surgery for removal of the cross link at fusion site L5-S1 and removal of hardware at fusion site L4-L5 and now was seeking a second opinion in regards to surgery. The injured worker was diagnosed with postsurgical arthrodesis, spondylosis of unspecified site without mention of myelopathy, opioid dependence, lumbago, back disorders, thoracic or lumbosacral neuritis or radiculitis and other deformity of the back or spine and carpal tunnel syndrome. The injured worker previously received the following treatments lumbar fusion at L5-S1 2005, transforaminal epidural steroid injections at the bilateral L4-L5 levels, electrodiagnostic studies, MRI of the lumbar spine and CT of the lumbar spine. On January 16, 2015, the primary treating physician requested authorization for purchase of a home TENS (transcutaneous electrical nerve stimulator) unit with supplies for low back pain. On January 27, 2015, the Utilization Review denied authorization for purchase of a home TENS (transcutaneous electrical nerve stimulator) unit with supplies. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 purchase of home Transcutaneous Electrical Nerve Stimulation (TENS) unit with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Pain, TENS chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: MTUS states regarding TENS unit, Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings Ankle and foot: Not recommended Elbow: Not recommended Forearm, Wrist and Hand: Not recommended Shoulder: Recommended for post-stroke rehabilitation Medical records do not indicate conditions of the knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis. ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above):(1) Documentation of pain of at least three months duration(2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed(3) 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(4) Other ongoing pain treatment should also be documented during the trial period including medication usage(5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted(6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental.(7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended.(8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessaryThe medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial and lack of documented short-long term treatment goals with TENS unit. As such, the request for 1 purchase of home Transcutaneous Electrical Nerve Stimulation (TENS) unit with supplies is not medically necessary.