

Case Number:	CM15-0111338		
Date Assigned:	06/17/2015	Date of Injury:	01/24/2005
Decision Date:	07/16/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 50 year old female, who sustained an industrial injury, January 24, 2005. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit for muscle spasms, Seroquel, Abilify, Pristiq, alprazolam, Bupropion, Zolpidem, Methadone, Oxycodone, Baclofen, psychiatric services, functional restoration program. The injured worker was diagnosed with chronic pain syndrome, lumbosacral radiculopathy, severe neuropathic pain, chronic intractable pain, major depressive disorder and severe anxiety. According to progress note of January 6, 2015, the injured workers chief complaint was back pain. The injured worker's pain was well controlled on current mediations. The injured worker used the TENS (transcutaneous electrical nerve stimulator) unit for muscle spasms. The injured worker was able to do home chores, prepare meals and do some grocery shopping. It was hard for the injured worker to get out of bed. The physical exam noted lumbar range of motion was limited flexion and extension only slight bending. The motor strength of the lower extremities, ankle dorsiflexion was 5 out of 54. The bilateral knee extension was 4 out of 5. The bilateral hip flexion was 4 out of 5. The sensation was intact. The treatment plan included TENS (transcutaneous electrical nerve stimulator) unit replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a replacement TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, purchase replacement TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic low back pain secondary to lumbosacral degenerative disc disease; severe neuropathic pain; lumbar radiculopathy; anxiety; severe depression; and chronic pain syndrome. The date of injury is January 24, 2005. Request for authorization is dated January 16, 2015. Progress note dated January 6, 2015 states the injured worker has difficulty getting out of bed, is stable on medication and is under the care of a psychiatrist. Current medications include oxycodone IR, methadone 10 mg, zolpidem, baclofen 10 mg, alprazolam, Abilify and Seroquel. The treating provider states the injured worker's TENS unit is no longer working. There is no documentation indicating objective functional improvement with the pre-existing TENS unit. There is no documentation indicating how long TENS has been used and the frequency of usage. There are no long-term goals documented in the medical record. Consequently, absent clinical documentation with objective functional improvement with the pre-existing unit documentation indicating how long TENS has been used, documentation of long-term goals, purchase replacement TENS unit is not medically necessary.