

Case Number:	CM15-0117414		
Date Assigned:	06/25/2015	Date of Injury:	05/12/2008
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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, 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 50 year old male who reported an industrial injury on 5/12/2008. His diagnoses, and/or impressions, are noted to include: cervicothoracic strain; cervical radiculitis; and lumbosacral sprain. Current magnetic imaging studies were said to be done on 5/28/2015. His treatments are noted to include transcutaneous electrical nerve stimulation unit therapy; home exercises/stretching/walking; medication management; and rest from work as he is noted to be disabled. The progress notes of 6/4/2015 were hand written and mostly illegible but reported complaints of constant, severe pain in the lower back for which she takes Tylenol and uses a topical analgesic cream. Objective findings were noted to include a review of the 5/28/2015 magnetic resonance imaging scan, which noted no disc herniation or spinal canal stenosis, and a solid lumbosacral fusion. The physician's requests for treatments were noted to include the dispensing of a 1-year bundle of electrodes for the transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit electrodes, #24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit electrodes, #24, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a 30-day TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear how frequently the tens unit is being used, and what sort of analgesic efficacy or objective functional improvement is being obtained by its use. In the absence of clarity regarding those issues, the currently requested Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit electrodes, #24 is not medically necessary.