

Case Number:	CM15-0125297		
Date Assigned:	07/09/2015	Date of Injury:	09/18/2014
Decision Date:	08/10/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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:

This is a 27 year old male with a September 18, 2014 date of injury. A progress note dated May 19, 2015 documents subjective complaints (post treatment pain level was 2/10 after transcutaneous electrical nerve stimulator unit), objective findings (musculoskeletal exam unchanged; a progress note dated April 23, 2015 notes the following: positive FABER test bilaterally but no tenderness along the sacroiliac joints; no range of motion deficits or tenderness to palpation of the cervical or lumbar spine), and current diagnoses (cervical radiculitis; lumbosacral or thoracic neuritis or radiculitis; sacroiliac ligament sprain/strain). Treatments to date have included transcutaneous electrical nerve stimulator unit trial that was successful, imaging studies, and medications. The treating physician documented a plan of care that included a transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 5/19/15) TENS Unit: Upheld

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

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

Decision rationale: Regarding the request for TENS, 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 one-month TENS unit trial with outcomes identified as outlined above. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.