

Case Number:	CM15-0126447		
Date Assigned:	07/13/2015	Date of Injury:	01/23/2006
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/30/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 62 year old female, who sustained an industrial injury on January 23, 2006. She reported injury to her neck and low back. The injured worker was diagnosed as having cervical spine discopathy, lumbar spine discopathy and right knee arthrosis. Treatment to date has included medications, epidural steroid injections and pool therapy. The medication was noted to be helpful. The injured worker reported good (50-80%) overall improvement from a recent injection and improved low back pain lasting 2-3 months from prior injections. Currently, the injured worker complained of aching pain in the neck rated as a 7 on a 1-10 pain scale, burning pain in the bilateral shoulders rated as an 8 and ongoing pain in the low back. She also reported stabbing pain in the bilateral hands rated as a 6 on the pain scale, stabbing pain in the bilateral legs rated as a 6, aching pain in the bilateral knees rated a 9 and stabbing pain in the bilateral feet and ankles. The treatment plan included medications, possible weaning of Norco medication, a transcutaneous electrical nerve stimulation/interferential unit and a follow-up visit. On June 4, 2015, Utilization Review non-certified the request for a transcutaneous electrical nerve stimulation/interferential unit for home use, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/IF unit for home use: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116, 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: According to MTUS guidelines, 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 for... chronic intractable pain." Criteria for use include: Documentation of pain of at least three months duration ; There is evidence that other appropriate pain modalities have been tried (including medication) and failed; 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; Other ongoing pain treatment should also be documented during the trial period including medication usage; A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted." The injured worker meets the inclusion criteria for trial of TENS as pain has persisted for more than three months, other pain modalities including medication have been attempted and failed, and other ongoing pain treatment is documented. The peer reviewer stated that TENS/ICS is not appropriate since it "is not recommended as an isolated treatment". In this specific patient it is not being prescribed as an isolated treatment as documented in the recent 5/14/15 clinic note which mentions medication management as well as physical medicine interventions. Consequently based on the guidelines and medical records provided, the requested treatment of TENS/IF unit is medically necessary.