MAXIMUS Federal Services

Case Number:	CM15-0173957		
Date Assigned:	09/15/2015	Date of Injury:	10/18/2012
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/03/2015

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, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on 10-18-2012. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for cervical radiculopathy, cervical sprain-strain, thoracic sprain-strain, lumbar radiculopathy, lumbar sprain-strain, and loss of sleep. Treatment and diagnostics to date has included physical therapy and medications. Current medications include Naprosyn, Prilosec, Cyclobenzaprine, Norco, and topical analgesics. In a progress note dated 07-18-2015, the injured worker reported cervical spine, thoracic spine, and lumbar spine pain rated 7 out of 10 on the pain scale with medications and 8-9 out of 10 without medications. Objective findings included tenderness to palpation of the cervical, thoracic, and lumbar paravertebral muscles with decreased and painful cervical spine and thoracic spine range of motion and muscle spasm of the cervical and lumbar paravertebral muscles. The physician noted requested authorization for an interferential unit for "treatment of sequelae arising from this patient's industrial injuries to decrease pain and decrease the need for oral medication". The Utilization Review with a decision date of 08-20-2015 non-certified the request for transcutaneous electrical nerve stimulation unit for 30 day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation unit for 30 day trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with pain affecting the thoracic, cervical and lumbar spines. The current request is for Transcutaneous electrical nerve stimulation unit for 30 day trial. The treating physician report dated 7/18/15 (47B) states, "I am requesting a 30-day-trial transcutaneous electrical nerve stimulation unit for treatment of sequelae arising from this patient's industrial injuries to decrease pain and decrease the need for oral medication." The report goes on to state, "Neck pain is associated with headaches and radiating pain, tingling, and numbness to bilateral upper extremities." The report further states, "Lower back pain is associated with radiating pain, tingling, and numbness to bilateral lower extremities." Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculo-skeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. The medical reports provided do not note that the patient has received a one month home trial of a TENS unit previously. In this case, the patient presents with neuropathic pain in the bilateral upper and lower extremities. Furthermore, the treating physician is requesting a TENS unit to help provide the patient relief of his symptoms and a 30-day home trial is reasonable and within the MTUS guidelines. The current request satisfies the MTUS guidelines as outlined on page 114. The current request is medically necessary.