

Case Number:	CM15-0174225		
Date Assigned:	09/16/2015	Date of Injury:	09/07/2006
Decision Date:	10/16/2015	UR Denial Date:	08/06/2015
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: North Carolina

Certification(s)/Specialty: Family Practice

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 57-year-old male with an industrial injury dated 09-07-2006. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain and strain, thoracic sprain and strain, lumbar sprain and strain, and myofascial pain. Treatment consisted of prescribed medications, exercises and periodic follow up visits. According to the progress note dated 7-29-2015, the injured worker presented with ongoing neck and back pain. The injured worker reported intermittent neck pain with occasional numbness sensation in the bilateral hands. The injured worker also reported that back pain was more constant with some numbness in tingling sensation in lower extremity and weakness in legs. The injured worker rated pain a 6 out of 10. Records (3-10-2015 to 7-29-2015) indicate that the injured worker walks 30 blocks daily with some stretching exercises. Records also indicated that the injured worker is trying to eat healthy and lose weight. The injured worker takes prescribed medication for muscle pain and uses transcutaneous electrical nerve stimulation (TENS) unit and Lidopro ointment regularly. Objective findings (3-10-2015 to 7-29-2015) revealed decreased lumbar flexion and tenderness to palpitation of lumbar paraspinal muscles. Records indicated that the injured worker used a cervical traction trial for 15 minutes, which relieved some pain. The treating physician prescribed services for transcutaneous electrical nerve stimulation (TENS) unit, now under review. Utilization Review determination on 08-06-2015 denied the request for transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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 California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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 the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore, criteria have not been met and the request is not medically necessary.