

Case Number:	CM15-0176423		
Date Assigned:	09/17/2015	Date of Injury:	05/04/2004
Decision Date:	10/21/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 71 year old female, who sustained an industrial injury on 5-4-2004. The injured worker was diagnosed chronic cervicalgia secondary to degenerative disc disease and cervical bulges, chronic lumbar strain with lumbar herniated disc and right lower extremity radiculopathy, right shoulder rotator cuff tendon tear, right knee meniscal tear, and bilateral hip sprain or strain. The request for authorization is for: thirty (30) day rental extension TENS unit. The UR dated 9-2-2015: non-certified the request for thirty (30) day rental extension TENS unit. On 8-5-2015, she reported neck pain rated 3 out of 10, indicating this to be improved somewhat. Low back pain rated 5 out of 10, indicating the pain to be the same from her previous visit. On 8-31-2015, she remains off work. She reported pain to the neck, low back, right shoulder and bilateral hips. She rated the pain 6 out of 10 and indicated it to be worsened from her last visit. She also reported radiating pain into the right lower extremity. Physical examination revealed tenderness to the neck and low back, full range of motion to the neck and limited range of motion to the low back, and an antalgic gait. The records indicate physical therapy had given her an increased range of motion and decreased her pain. Flexeril was reported to have not helped. The treatment and diagnostic testing to date has included: medications, heat, rest, several sessions of physical therapy, unclear amount of completed acupuncture, and urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit, 30 day rental extension: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit 30 day rental extension is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic cervicalgia; chronic lumbar strain with lumbar herniated disc and right lower extremity radiculopathy and L5 nerve root weakness and a weak extensor hallucis longus; right shoulder rotator cuff tendon tear; right knee meniscal tear, early posttraumatic arthritis; and bilateral hip sprain strain. Date of injury is May 4, 2004. Request for authorization is August 27, 2015. According to an August 5, 2015 progress note, subjective complaints include cervical, lumbar and right shoulder pain with bilateral hip pain. Objectively, there is tenderness to palpation at the cervical and lumbar paraspinal muscle groups with full range of motion and an unremarkable neurologic evaluation. The treating provider is requesting a 30-day rental extension. There is no documentation of the initial TENS use. There is no start date and stop date. There is no documentation demonstrating objective functional improvement with TENS use. There is no clinical indication or rationale for a 30-day rental extension. There is no documentation of decreased medication usage. There was no documentation of the anatomical region for application. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of the initial TENS use, no start date and stop date and no documentation demonstrating objective functional improvement with TENS to date, TENS unit 30 day rental extension is not medically necessary.