

Case Number:	CM15-0024483		
Date Assigned:	02/17/2015	Date of Injury:	08/15/2009
Decision Date:	04/01/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58 year old male, who sustained an industrial injury on 8/15/2009. The diagnoses have included cervicalgia, lumbago, cervical fusion (2/24/2012) and hardware removal (10/24/2014). Currently, the IW complains of intermittent pain in the cervical spine with radiation to the upper extremities and constant pain in the low back. The cervical pain is rated as 4/10 and the low back pain is 8/10. Objective findings included a well-healing cervical incision. There is tenderness with spasm in the cervical spine and in the lumbar paravertebral muscles. Range of motion for the lumbar standing flexion and extension are guarded and restricted. There is tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot in the L5 and S1 dermatome patterns. On 1/13/2015, Utilization Review non-certified a request for TENS unit for purchase noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/09/2015, the injured worker submitted an application for IMR for review of TENS unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, chronic pain Page(s): 113-114.

Decision rationale: This 58 year old male has complained of neck pain and low back pain since date of injury 8/15/09. He has been treated with cervical spine surgery, physical therapy and medications. The current request is for a TENS unit. Per the MTUS guidelines cited above, TENS unit 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 function restoration for the following conditions: neuropathic pain to include diabetic neuropathy and post-herpetic neuralgia, chronic regional pain syndrome I and II, phantom limb pain, spasticity in spinal cord injury and multiple sclerosis. The available medical records do not indicate that the patient has had a trial of a TENS unit previously and that there was a significant improvement in pain or function. Additionally, there is no documentation in the medical record of an ongoing or intended implementation of a functional restoration program to be utilized in conjunction with a trial of TENS unit rental as recommended by the MTUS. Lastly, there is no physical examination documentation or listed diagnoses of neuropathic pain, chronic regional pain syndrome, phantom limb pain, spinal cord spasticity or multiple sclerosis. On the basis of the above MTUS guidelines and available medical record documentation, a TENS unit is not indicated as medically necessary in this patient.