

Case Number:	CM15-0037431		
Date Assigned:	03/05/2015	Date of Injury:	05/02/1998
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/27/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 a work/ industrial injury to the low back on 5/2/98. She has reported symptoms of low back pain and spasms. Prior medical history and mechanism of injury were not documented. The diagnoses have included lumbar degenerative disc disease, spondylosis, severe back spasm, and bilateral L5 radiculopathy. Treatments to date included Transcutaneous Electrical Nerve Stimulation (TENS) unit, modified activities, and medication. Medications ordered included Norco and Vicodin. The treating physician's report (PR-2) from 1/13/15 indicated there were ongoing back pain that had flared up along with back spasms and some intermittent leg pain with radiation to the knees. Examination noted significant lumbar paraspinal muscle spasms and tenderness with palpation. Flexion was limited to approximately 20 degrees with extension to 10 degrees. There was intact sensation and strength in the lower limbs. A Transcutaneous Electrical Nerve Stimulation (TENS) unit was effective with prior use. On 1/27/15, Utilization Review non-certified a Purchase of a TENS (Transcutaneous Electrical Nerve Stimulation) unit with supplies, citing the California Medical Treatment Utilization Schedule (MTUS), ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a TENS (transcutaneous Electrical Nerve Stimulation) unit with supplies:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. Chronic intractable pain (for the conditions noted above): (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed (3) 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 (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case there is no documentation that the patient is participating in a functional restoration program. In addition there is documentation that the patient has sufficient pain relief without the TENS unit. Medical necessity has not been established. The request should not be authorized.