

Case Number:	CM15-0046366		
Date Assigned:	03/18/2015	Date of Injury:	05/25/2008
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/11/2015

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 58 year old female, who sustained an industrial injury on 05/25/2008. She has reported injury to the low back and the left elbow/wrist. The diagnoses have included discogenic and radicular pain; worsening back and bilateral leg symptoms; right buttock and anterior thigh pain, rule out L3 radiculopathy; left buttock and radiating leg pain, rule out L5 radiculopathy versus sacroiliac irritation; and positive EMG (electromyography) with bilateral chronic active L5 radiculopathy. Treatment to date has included medications, lumbar epidural steroid injection, activity modification, physical therapy. Medications have included Voltaren XR, Tizanidine, Nabumetone, and Omeprazole. A progress note from the treating physician, dated 02/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain; left elbow and wrist pain; right buttock pain radiating down the thigh; numbness in her anterior thigh; left elbow pain and swelling. Objective findings included bilateral lower extremities have strength and sensation intact bilaterally; and there is left elbow swelling and tenderness with range of motion. The treatment plan has included continuation of medications. Request is being made for Transcutaneous Electrical Nerve Stimulator unit for rental (no specified quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulator unit for rental (no specified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114 and 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): (1) Documentation of pain of at least three months duration. (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 no documentation that the patient has had one-month home trial with TENS unit demonstrating objective functional benefit. Criteria for TENS unit use have not been met. The request is not medically necessary