

Case Number:	CM15-0061322		
Date Assigned:	04/07/2015	Date of Injury:	04/01/2014
Decision Date:	05/12/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/31/2015

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: Colorado

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 47-year-old female, with a reported date of injury of 04/01/2014. The diagnoses include lumbar degenerative disc disease, spasm of muscle, and cervical pain. Treatments to date have included an MRI of the cervical spine, an MRI of the lumbar spine, oral medications, a TENS unit, physical therapy, and electrodiagnostic studies. The progress report dated 02/12/2015 indicates that the injured worker complained of neck pain and lower backache. Her pain level had decreased since the last visit. The injured worker rated her pain 7 out of 10 with medications, and 10 out of 10 without medications. It was noted that she was trying a TENS unit for pain relief, and since the last visit, her quality of life had worsened and her activity level had decreased. The objective findings include a wide-based gait, restricted cervical range of motion, tenderness and tight muscle band on the bilateral cervical paravertebral muscles, restricted lumbar range of motion, positive lumbar facet loading on both sides, and positive left straight leg raise test. The treating physician requested the purchase of a transcutaneous electrical nerve stimulator (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 114-116.

Decision rationale: Per the Guidelines: "Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain, though not recommended a primary modality." The earliest, and still most commonly used electrotherapy devices to apply current to the skin, are known as TENS (transcutaneous electrical nerve stimulation) units. A TENS unit can be one of several devices. (H-wave stimulation device, Interferential Current Stimulation, Microcurrent electrical stimulation or MENS devices, RS-4i sequential stimulator, Electroceutical Therapy, Neuromuscular electrical stimulation or NMES devices, Sympathetic therapy and Dynatron STS. Though not recommended as first line treatment, a TENS unit may be considered for use as part of a functional restoration program for specific conditions. While use of TENS units continues to be standard of care in many communities, the evidence is lacking to establish effectiveness short term or long term. The Guidelines specify conditions in which TENS unit may be useful: Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce,2002) and post-herpetic neuralgia. (Niv, 2005)Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988)(Lundeberg, 1985)Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005)Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)Recent evaluation of available studies on TENS unit use reveals that current studies lack quality methodology and evidence based conclusions, so TENS unit is not known to be effective in chronic musculoskeletal pain.The Guidelines establish criteria for TENS unit use: Pain for at least 3 months. Documentation that other therapies, including medications, have been tried, and failed. A one month trial of TENS unit use should be in the record, as part of a functional restoration program, with frequency of use noted, as well as pain relief and functional improvement achieved. Other treatments ongoing during same time as the TENS units trial should be in the record. Goals of treatment with the TENS unit should be documented. (including long and short term goals) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Form-fitting TENS device: For use in large area or because of skin condition or because TENS unit to be used under a cast. Post-operative use of TENS unit: Recommended for first 30 days after surgery. Per the records for the patient of concern, patient has been using TENS units for an unspecified period of time, not in conjunction with a functional restoration program. The records indicate that patient's pain and functional decline continue despite all therapies, including TENS unit. The most recent clinic notes from treating physician 1/8/2015, 1/15/2015, and 2/12/2015 indicate patient's pain is progressive, increasing over time, and function and ADL's are decreasing. The records supplied for review did not include information on the TENS unit trial, specifically the frequency of use, and specific goals of treatment. As the TENS unit is not being used with a functional restoration program, and as there is no documentation of objective function or pain improvement with the TENS unit, the continued use of the TENS unit is not considered medically necessary. Therefore, the request for TENS unit purchase is not medical necessary.

