

Case Number:	CM15-0064511		
Date Assigned:	04/10/2015	Date of Injury:	03/17/1997
Decision Date:	05/11/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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 61-year-old male, who sustained an industrial injury on March 17, 1997. He has reported neck pain, shoulder pain, and arm pain. Diagnoses have included cervical spine strain/sprain. Treatment to date has included medications and cervical spine fusion. A progress note dated March 10, 2015 indicates a chief complaint of neck pain, pain down the left arm into the fingers, and shoulder pain. The treating physician documented a plan of care that included transcutaneous electrical nerve stimulation unit with electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. 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 with electrodes 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. See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic neck pain; and status post ACDF 1997. The date of injury is approximately 18 years old. The medical record contains 54 pages. There are no past modalities listed in the medical record. The treating orthopedic surgeon is requesting a TENS unit for chronic pain in the neck. There is no documentation of a 30 day clinical TENS trial. There are no short and long-term goals noted in the medical record. Consequently, absent clinical documentation of a TENS trial along with short and long-term goals in addition to a list of prior treatment modalities over the prior 18 years, TENS unit with electrodes is not medically necessary.