

Case Number:	CM15-0068055		
Date Assigned:	04/15/2015	Date of Injury:	05/06/2013
Decision Date:	05/14/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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 44 year old female who sustained an industrial injury on May 6, 2013. She has reported injury to the low back and shoulder and has been diagnosed with cervical discogenic disease at C4-5 and C5-6, lumbar diskogenic disease at L5-S1 and L4-5 with retrolisthesis and disk compression at L5-S1 and L4-L5, and shoulder pain with no internal shoulder derangement diagnosed. Treatment has included injections, medications, acupuncture, and physical therapy. Currently the injured worker complains of pain to the lower back with numbness in her legs. She also complained of shoulder pain. The treatment request included a purchase of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS 2 lead unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS) Page (s): 113-114.

Decision rationale: This 44 year old female has complained of low back pain, shoulder and neck pain since date of injury 5/6/13. She has been treated with acupuncture, physical therapy, injections, medications and a TENS unit trial. The current request is for a TENS 2 lead unit purchase. Per the MTUS guidelines cited above, a TENS unit is not recommended as a primary treatment modality, but can be 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 include documentation of an ongoing or intended implementation of a functional restoration program to be utilized in conjunction with the TENS unit as recommended by the MTUS. There is also no documentation regarding any objective functional improvement during the previous TENS unit trial. 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.