

Case Number:	CM15-0073724		
Date Assigned:	04/29/2015	Date of Injury:	11/18/2013
Decision Date:	05/28/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/16/2015

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
 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 57 year old female, who sustained an industrial injury on November 18, 2013. The injured worker has been treated for neck and back complaints. The diagnoses have included lumbosacral sprain/strain, myofascial pain, cervical sprain/strain, thoracic spine sprain/strain and chronic pain syndrome. Treatment to date has included medications, radiological studies, trigger point injections, psychological evaluation, physical therapy and a transcutaneous electrical nerve stimulation unit. Current documentation dated March 18, 2015 notes that the injured worker reported neck pain and mid and low back pain. She also noted a burning pain in the right groin. Examination revealed a decreased sensation in the left lower extremity and weakness in the bilateral lower extremities. The injured worker was noted to be using a transcutaneous electrical nerve stimulation unit to help with pain control. The treating physician's plan of care included a request for a transcutaneous electrical nerve stimulation patch, two pairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patch x2 pairs DOS 3/18/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. Documentation states there was a 1 month trial of TENS done but the documentation would classify it as a failed trial with mild improvement in pain and subjective improvement. Patient has been using this device chronically with no documentation of any benefit. Patient does not meet criteria for use of TENS therefore any accessories such as patches are not medically necessary as well.