

Case Number:	CM15-0074208		
Date Assigned:	04/24/2015	Date of Injury:	10/11/2014
Decision Date:	06/16/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/18/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old female, who sustained an industrial injury to the neck and low back on 10/11/2014. Treatment to date has included conservative care, medications, x-rays, MRIs, and conservative therapies. Currently, the injured worker complains of ongoing neck and low back pain despite extensive physical therapy and current medications consisting of Ultracet. The injured worker reported that her pain remained the same and that she had run out of her medication. Objective findings included limited range of motion of the cervical and lumbar spines. The injured worker reported some improvement in pain with the use of TENS (Transcutaneous Electrical Nerve Stimulation) while receiving physical therapy. It was noted that the injured worker is awaiting approval for a pain management consultation. The diagnoses include cervical strain/sprain, shoulder strain/sprain, and lumbar strain/sprain. The request for authorization included TENS (Transcutaneous Electrical Nerve Stimulation) unit for home use 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME rental: TENS Unit for home for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

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

Decision rationale: The patient has ongoing neck and back pain. The current request is for DME Rental: TENS Unit for home 30 day trial. The treating physician notes that the patient has had some success with a trial of TENS in the past and recommendation was made for a home trial. The MTUS guidelines regarding TENS for chronic pain state, "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, for the conditions described below." MTUS also indicates that TENS is indicated for neuropathic pain, phantom limb pain, CRPS, and MS. In this case, there is no indication that the patient is suffering from radiculopathy. Furthermore, there is no indication in the records that this request is being used as an adjunct to a program of evidence-based functional restoration. The medical records in this case do not establish medical necessity as per MTUS guidelines. As such, the request is not medically necessary.