

Case Number:	CM15-0074314		
Date Assigned:	04/24/2015	Date of Injury:	12/13/2007
Decision Date:	05/27/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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 a 43 year old female who sustained an industrial injury on 12/13/07. The injured worker reported symptoms in the back and left knee. The injured worker was diagnosed as having chronic pain syndrome, lumbosacral or thoracic neuritis or radiculitis, and left patellofemoral syndrome. Treatments to date have included activity modifications, nonsteroidal anti-inflammatory drugs, rest, ice, and elevation. Currently, the injured worker complains of low back and left knee pain. The plan of care was for a transcutaneous electrical nerve stimulation unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro purchase of a TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 - 116.

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

Decision rationale: The request is for a transcutaneous electrical nerve stimulation (TENS) unit, and is a form of electrotherapy. Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. It is 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, in very specific conditions. These include diabetic and post-herpetic neuropathy, phantom limb pain, chronic regional pain syndrome, spasticity in spinal cord injury, and multiple sclerosis and muscle spasm. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The injured worker has been diagnosed with chronic pain syndrome, lumbosacral or thoracic neuritis or radiculitis, and left patellofemoral syndrome. The criteria set forth in the MTUS guidelines for use of a TENS unit have not been met, and therefore the request as written is not medically necessary.