

Case Number:	CM15-0074928		
Date Assigned:	04/24/2015	Date of Injury:	10/31/2013
Decision Date:	05/27/2015	UR Denial Date:	04/08/2015
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: New York, Tennessee
 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 55 year old female, who sustained an industrial injury on October 31, 2013. She reported mid back and left-sided upper back pain. The injured worker was diagnosed as having intercostal neuralgia. Diagnostics to date has included an MRI of the thoracic spine. Treatment to date has included work modifications, massage therapy, acupuncture, physical therapy, chiropractic therapy, physical therapy, home exercise program, ice, heat, and medications including muscle relaxant, topical creams, antidepressant, and non-steroidal anti-inflammatory. On March 26, 2015, the injured worker complains of left-sided mid back pain. Her pain is currently rated 5/10. Her average pain level is 4/10 and her highest is 9/10. The pain was described as sharp, nagging, aching, pinching, tender, burning, dull, pulsing, cramping, and exhausting. The physical exam of the upper back revealed vertebral spine midline tenderness at approximately the thoracic 10-thoracic 12 with paraspinal tenderness, greater on the left than the right. The treatment plan includes a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case there is no documentation that the patient will be participating in a FRP. In addition there is no documentation of successful one month trial of TENS therapy at home. Criteria for TENS unit use have not been met. The request should not be authorized. Therefore, the requested medical treatment is not medically necessary.