

Case Number:	CM15-0075917		
Date Assigned:	04/27/2015	Date of Injury:	11/14/2012
Decision Date:	06/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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: Preventive Medicine, Occupational 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 50 year old male who sustained an industrial injury on 11/14/2012. Current diagnoses include cervical facet syndrome, cervical disc degeneration, and cervical strain. Previous treatments included medication management, psychotherapy, radio-frequency ablation. Previous diagnostic studies include x-rays and EMG/NCS. Report dated 03/03/2015 noted that the injured worker presented with complaints that included neck pain. Pain level was 2 out of 10 on the visual analog scale (VAS) with medications. Current medications include ibuprofen, Colace, and Percocet. Physical examination was positive for abnormal findings. The treatment plan included beginning nutrition and exercise course, continue with psychotherapy, request for TENS unit to prevent further medication escalation, and continue with medications. Disputed treatment includes a TENS unit with supplies.

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, with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy section Page(s): 114-116.

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, 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, and a treatment plan including specific short and long term goals of treatment. The injured worker has used the TENS Unit previously during Physical Therapy. While the trial provided 40% pain reduction that lasted for 1 hour after use, there is no evidence to support that the patient has received sustained functional benefit from it's use. The criteria for the use of TENS specified by the MTUS Guidelines are not met by the clinical reports provided for review. The MTUS Guidelines also recommend that there is evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. The MTUS Guidelines also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The request for TENS (transcutaneous electrical nerve stimulation) unit, with supplies is determined to not be medically necessary.