

Case Number:	CM15-0077824		
Date Assigned:	04/29/2015	Date of Injury:	02/12/2010
Decision Date:	06/04/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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
 Certification(s)/Specialty: Internal 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 61 year old female who sustained an industrial injury on 02/12/10. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture, TENS, and home exercise program. Diagnostic studies are not addressed. Current complaints include cervical spine and low back pain. Diagnoses include cervical discogenic disease with spondylosis, cervical facet arthropathy, lumbar multi-level discogenic disease, and chronic low back pain. In a progress note dated 02/04/15 the treating provider reports the plan of care as massage therapy, home exercise program, TENS, and medications including Norco, Prilosec, and Anaprox. The requested treatment is a TENS/EMS unit set up, delivery, supplies, and bifurcated leads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 03/06/2015, DME purchase of Bifurcated Lead Wires, TENS/EMS supplies and delivery set-up: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

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

Decision rationale: According to the MTUS Guidelines, the TENS unit is not recommended as a primary treatment modality. A one month home based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for conditions such as, neuropathic pain, phantom limb pain, complex regional pain syndrome (CRPS), spasticity or multiple sclerosis (MS). In this case, there is limited documentation for a trial of this modality for this particular injury. In addition, there is no documentation of any functional benefit from the TENS unit under the supervision of a physical therapist. Medical necessity for the requested TENS and supplies has not been established. The requested TENS Unit and supplies are not medically necessary.