

Case Number:	CM15-0098740		
Date Assigned:	06/01/2015	Date of Injury:	07/27/2001
Decision Date:	06/30/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 64 year old male, who sustained an industrial injury on 7/27/01. The injured worker was diagnosed as having cervical, thoracic and lumbar sprain/strain with global myofascial pain disorder, history of cervical sprain/strain with severe spondylosis, lumbar degenerative disc disease and facet arthrosis, Achilles rupture and acoustic neuroma. Treatment to date has included oral medications, TENS unit, gym exercise program and topical medication. Currently, the injured worker complains of chronic neck pain and back pain with spasms rated 4/10 with medications and 10/10 without medications. He reports 50% reduction in pain and 50% functional improvement with activities of daily living with medications. He continues to use his TENS unit and finds it helpful. Physical exam noted multiple areas of trigger point tenderness throughout the cervical, thoracic and lumbar paraspinal musculature with limited range of motion. The right lower extremity is cold to touch and he continues to have persisting facial droop on left side. A request for authorization was submitted for gym membership and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) TENS unit: Overturned

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation). 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. Criteria for continued use have been met and the request is medically necessary.