

Case Number:	CM14-0140221		
Date Assigned:	09/10/2014	Date of Injury:	03/19/2005
Decision Date:	10/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a male injured worker who sustained an injury on 3/19/2005. Per primary treating physician's progress report dated 8/5/2014, the injured worker has continued complaints of low back pain and stiffness as well as neck pain and stiffness. He is taking Ultram for pain. He experiences intermittent exacerbations and is requesting something for them. On examination there is tenderness in the posterior cervical and bilateral Trapezial musculature. Forward flexion is to within 1 fingerbreadth of chin to chest, extension to 10 degrees, lateral rotation to 60 degrees bilaterally. There is tenderness in the lower lumbar paravertebral musculature. Forward flexion is to 45 degrees, extension to 10 degrees, lateral bending to 30 degrees. Diagnoses include cervical spondylosis and lumbar myofascial pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for Chronic Pain.

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 complex regional pain syndrome (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 does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial. The injured worker is being treated with medications currently, and therefore has not failed conservative treatment. The injured worker reports borrowing a TENS unit and liked the use of it, but this was not part of a treatment plan and there is no evaluation of how effective the TENS unit was at managing symptoms and improving function. The request for TENS Unit is determined to not be medically necessary. The injured worker does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial. The injured worker is being treated with medications currently, and therefore has not failed conservative treatment. The injured worker reports borrowing a TENS unit and liked the use of it, but this was not part of a treatment plan and there is no evaluation of how effective the TENS unit was at managing symptoms and improving function. The request for TENS Unit is determined to not be medically necessary.