

Case Number:	CM13-0027944		
Date Assigned:	11/22/2013	Date of Injury:	03/11/2011
Decision Date:	01/22/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pediatrician & Toxicology, has a subspecialty in Pain Management and is licensed to practice in New York. 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 physician 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:

42 year old female who sustained work related injury on 3/11/11. Complaints of right shoulder pain, left shoulder pain. She has undergone right shoulder arthroscopy , extensive glenohumeral debridement, rotator cuff repair and subacromial decompression. Post operatively patient was authorized for MEDS4 unit trial Patient has also completed 16 sessions of PT and has been on opioids for pain. The disputed medication or device is MEDS4 unit and electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued use of MEDS4 unit and electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-119. Decision based on Non-MTUS Citation Khadilkar A, Milne S, Brosseau L, Wells G, Tugwell P, Robinson V, Shea B, Saginur M. Transcutaneous electrical nerve stimulation for the treatment of chronic low back pain: a systematic review. Spine (Phila Pa 1976). 2005 Dec 1;30(23):2657-66.

Decision rationale: Not medically necessary. As per the MTUS guideline and evidence based literature Evidence for the efficacy of TENS as an isolated intervention in the management of

chronic LBP is limited and inconsistent. Larger, multicenter, RCTs are needed to better resolve its role in this condition. Increased attention should be given to the risks and benefits of long-term use, which more appropriately addresses the realities of managing chronic low back pain. The patient used TENS before and there is no documentation of positive sustained response to previous TENS trial.