

Case Number:	CM14-0004145		
Date Assigned:	02/05/2014	Date of Injury:	07/22/2009
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

Patient is a 51 years old female with date of injury 7/22/2009. Per 11/14/2013 report by the requester [REDACTED], Patient complains of constant pain in her right hand and arm rated at 8/10. Patient noted she's "getting relief with her current medication." Frequent neck and upper back pain was rated at 5/10. Patient has difficulty sleeping due to pain and currently does not work. The diagnoses in this report include following: 1. Severe right ulnar nerve trauma at right wrist (post-traumatic) 2. Mild bilateral carpal tunnel syndrome (left is due to overuse) 3. CRPS (RSD) of right hand/arm 4. Chronic insomnia and depression 5. Chronic myofascial pain syndrome, cervical spine 6. Pain, numbness, and weakness of left hand/arm due to overuse Objective findings include slightly restricted ROM of cervical and thoracic spine in all planes. Multiple myofascial trigger points and taught bands noted through cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus muscles on the right side and interscapular muscles. Spurling's and neck compression tests were positive. Fine touch and pinprick was decreased lateral aspect of right arm and 3rd, 4th, and 5th digits of the right hand. Marked deformity of right 4th and 5th digits were noted due to severe ulnar neuropathy. Unable to grip right hand. Right 5th digit unable to actively flex or extend. Diffused tenderness of the left wrist. Left wrist ROM moderately decreased in all planes. Fine touch and pinprick was decreased for 1st, 2nd, and 5th digits of the left hand. Left hand grip strength was 4/5. The utilization reviewer denied request on 1/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 MONTHS SUPPLY TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Table 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF TENS, Page(s): 116.

Decision rationale: This patient presents with neck, upper back and bilateral hand complaints. The request is for 4 months supply of TENS unit electrodes. In regards to TENS unit, MTUS for Chronic Pain page 116 recommends if "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Patient is currently treated with oral pain medication and is responding well according to the physician reports. MTUS also recommends "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; rental would be preferred over purchase during this trial." In this case, the patient already has a TENS unit and the request is for supplies. Unfortunately, there is no documentation that TENS unit is helpful in terms of pain and function. Judging from the request, the patient must be using the unit, but the treater fails to provide the documentation with what benefit in terms of pain and function. The request is not medically necessary.