

Case Number:	CM14-0007389		
Date Assigned:	02/10/2014	Date of Injury:	11/30/2013
Decision Date:	07/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 is a 57-year-old female with an 11/30/13 date of injury as a result of repetitive work. A 1/29/14 progress report describes similar findings as the prior report in December. Electrodiagnostic studies are ordered. The patient was wearing a left wrist brace. A 12/30/13 progress report describes pain in the head with headaches, facial pain, shoulder pain, hand pain, finger and some pain, neck pain, upper back pain, psychological/emotional complaints, and sleep disturbance. The diagnoses include headache, cervical and thoracic sprain, noise induced hearing loss, brachial neuritis, tenosynovitis of the hands. The physical exam shows non-specific tenderness of the shoulders, positive impingement, normal range of motion, non-specific tenderness of the wrists. The patient stopped working on 11/30/13 and is officially retired. The doctor has proposed an orthopedic consultation at that time, consultation with ENT for noise induced hearing loss and wrist braces. A TENS unit was prescribed for treatment of sequelae arising out of this patient's industrial injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS)

UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The prior adverse determination was reviewed for lack of documentation that there had been failure of other non-surgical treatment modalities. Specifically regarding the TENS unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option. Criteria for the use of TENS unit include chronic intractable pain (pain of at least three months duration), evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, it has not been established that there has been failure of alternative treatment modalities. It is not recommended as an isolated intervention and there is no documentation of home exercises. There are no specific goals, no specific body parts to be addressed, and no specific duration of the trial. Therefore, medical necessity of the requested TENS unit rental cannot be established.