

Case Number:	CM14-0009871		
Date Assigned:	02/21/2014	Date of Injury:	12/04/2008
Decision Date:	11/06/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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:

The worker is a 54 year old male who was injured on 12/4/2008. He was diagnosed with cervical disc disease and left shoulder joint pain. He was treated with cervical fusion surgery, TENS, physical therapy, and medications. The most recent progress note was from 10/3/13, when the worker was seen by his orthopedic physician complaining of his chronic bilateral shoulder pain as well as upper back pain. He reported restarting physical therapy and Vicodin use at night. Recent results of a nerve study (EMG) showed evidence of carpal tunnel syndrome, which was discussed. Physical findings included upper back and shoulder tenderness. He was recommended a TENS unit for the purpose of weaning off of narcotic medication (Vicodin), which was also continued. He was to complete his remaining 10 physical therapy sessions. Sometime afterwards a request was made for an extension of the rental of the TENS unit for another 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental extension for tens unit times two (2) months: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, it seemed reasonable for him to at least have a trial of the TENS unit, which he presumably did complete, as he was actively participating in a physical therapy program. However, there was no evidence from after the first request on 10/3/13 found in the notes made available for review that described how he used and responded to the TENS unit use. Without a clear report on his functional improvement with its use for the reviewer to look at, continuation of the TENS unit is not medically necessary.