

Case Number:	CM14-0106843		
Date Assigned:	07/30/2014	Date of Injury:	12/12/2012
Decision Date:	09/24/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/09/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 37 year old male with date of injury of 12/12/2014. A review of the medical records indicates that the patient is undergoing treatment for cervical sprain/strain of the neck and shoulder and myofascial pain. Subjective complaints include continuing left shoulder pain rated at 8/10. Objective findings include an MRI showing tendinosis and labral degeneration of left shoulder. Treatment has included Tramadol, Norco, Lidopro, chiropractic sessions, a home exercise program, and a TENS unit trial. The utilization review dated 6/16/2014 non-certified a TENS unit for his left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulator (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 116.

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

Decision rationale: MTUS states regarding TENs unit, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration,

for the conditions described below. " MTUS further states criteria for selection as having 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The patient has undergone a 'one month trial', per the medical records. However, the treating physician does not document improved outcomes in terms of pain relief or function during or at the conclusion of the trial, which is necessary to extend the TENS treatment. As such, the request for purchase of TENS unit is not medically necessary.