

Case Number:	CM14-0012758		
Date Assigned:	02/21/2014	Date of Injury:	01/18/2013
Decision Date:	08/07/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/31/2014

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 Occupational Medicine 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 29-year-old female patient with a 1/18/13 date of injury. She injured herself while chasing a young child and slipped and fell on her left shoulder and back. A progress report dated 11/25/13 indicated that the patient was there for a follow-up visit and stated that he had improvement of back and leg pain following an epidural injection but still suffered from shoulder pain. Objective findings revealed that the patient had a positive straight leg raising of the legs. There was decreased range of motion in the lumbosacral region. She was diagnosed with Left shoulder sprain, Left shoulder rotator cuff injury with tendonitis, and positive lumbosacral radiculopathy. Treatment to date: medication management, chiropractic treatment and electro-chiropractic treatment, with great benefit. There is documentatio of a previous 1/3/14 adverse determination, which was modified to one month supply for Tens battery and Tens pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) battery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 116.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication. The patient presented with the pain in her left shoulder. She stated that epidural injection was helpful and her back and leg pain decreased. However, there was no indication of previous use of Tens unit specifically, although there was documentation of benefit from electro-chiropractic treatment. A prior UR decision modified the request to a one-month supply for Tens unit battery. In addition, there was no specific quantity of batteries being requested. Therefore, the request for transcutaneous electrical nerve stimulation (Tens) battery, as submitted, was not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 116.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication. However, there was no documentation of prior TENS unit use, although it was noted that the patient had benefit from electro-chiropractic treatment. In addition, a specific quantity of TENS pads were not specified. Also, there is no clear documentation of a trial period of a TENS unit or no description as to why the patient would need replacement parts for the TENS unit. Therefore, the request for transcutaneous electrical nerve stimulation (tens) pads, as submitted, was not medically necessary.