

Case Number:	CM14-0013433		
Date Assigned:	02/26/2014	Date of Injury:	01/22/2010
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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:

The patient is a 32-year-old female with an injury date of 01/22/10. Based on the 10/17/13 progress report provided by the provider, the patient complains of pain in the right shoulder and right elbow. The patient's diagnoses include the following: 1. Cervical degenerative disc disease 2. Shoulder impingement 3. Lumbar degenerative disc disease 4. Epicondylitis; elbow lateral 5. Myofascial pain The provider is requesting for the patient to continue using the transcutaneous electrical nerve stimulation (TENS) unit between 01/03/14 and 03/07/14. The utilization review determination being challenged is dated 01/27/14. The rationale was not provided. The provider is the requesting provider and provided four treatment reports from 10/17/13- 02/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE REQUEST TO CONTINUE USE OF THE TENS UNIT BETWEEN 1/3/2014 AND 3/7/2014: Upheld

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

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

Decision rationale: According to the 10/17/13 report by the provider, the patient presents with pain in the right shoulder and right elbow. The request is to continue using the transcutaneous electrical nerve stimulation (TENS) unit between 01/03/14 and 03/07/14. Per MTUS guidelines, TENS units have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom limb pain, and Multiple Sclerosis. 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. Based on the two progress reports provided prior to the utilization review determination date (10/17/13 and 01/13/14), there is no documentation regarding the outcome of the prior use of the TENS unit besides the general statement that the TENS unit helps (per 01/13/14 report). No other information was provided in regards to how the TENS unit impacted the patient. Furthermore, this patient does not present with neuropathy. Thus, the recommendation is for denial.