

Case Number:	CM14-0016925		
Date Assigned:	06/11/2014	Date of Injury:	07/28/2002
Decision Date:	08/07/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/11/2014

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 Medicine and is licensed to practice in Florida. 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 injured worker is a 42-year-old female who reported an injury on 07/28/2002. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be manual therapy, transcutaneous electrical nerve stimulation, medications, physical therapy, injections, and a home exercise program. The injured worker's diagnoses were noted to be sprains and strains of the shoulder and upper arm, chronic pain syndrome, unspecified myalgia and myositis, myofascial pain syndrome, and sprained shoulder/arm. A clinical evaluation dated 02/07/2014 indicated the injured worker complaining of pain rated a 2 through 8 on a 0 to 10 pain scale. The physical examination noted active range of motion of the neck was decreased mildly in all directions due to pain and guarding. Her motor strength, reflexes, and sensation were all within normal limits in the upper extremities. There was tenderness to palpation of the cervical paraspinals and the shoulder girdle muscles bilaterally. It was noted that palpation of the myofascial trigger points reproduced much of her symptoms. The treatment plan included continuing all medications, completing the current course of physical therapy, and any additional possible sessions pending progress with physical therapy. The provider's rationale for the request was provided within the documentation. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX MONTHS OF SUPPLIES AND LEAD WIRES FOR A TENS UNIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS,
chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: The Official Disability Guidelines allow the use of a transcutaneous electrical nerve stimulation (TENS) device for chronic intractable pain. The criteria states after a successful 1 month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. A 2 lead unit is generally recommended; if a 4 lead unit is recommended, there must be documentation of why this is necessary. The guidelines provide a recommendation for TENS unit over the shoulder therapeutically for post stroke rehabilitation. The clinical evaluation provided for review on 02/07/2014 does not specifically indicate where the TENS unit is being used. The injured worker has diagnoses of shoulder and upper arm sprains and strains, sprain of the shoulder/arm, and unspecified myalgia and myositis with myofascial pain syndrome. The pain assessment indicates a pain rating of 2 through 8. However, it is not documented where the pain is located. Therefore, if the TENS unit is not indicated for the injured worker's shoulder pain, then the supplies would not be indicated. The request does not indicate if the injured worker is using a 2 lead unit or a 4 lead unit. As such, the request is not medically necessary.