

Case Number:	CM14-0111994		
Date Assigned:	09/22/2014	Date of Injury:	12/01/2011
Decision Date:	12/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/18/2014

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:

There were 137 pages for this review. The application for independent medical review was signed on 7-18-14. It was for a TENS unit and supplies. There was a Network Medical Review. Per the records provided, the diagnoses were cervicgia and pain in the shoulder. The injury was in December 2011. The diagnoses were neck pain, brachial plexus lesion, cervical disc displacement, psychogenic pain, and shoulder pain. There was chronic right upper extremity and right knee pain. The pain was 6-7 out of 10 on the Visual Analogue Scale. Heavy lifting aggravates the pain. She was not able to do household chores as quickly. The medicines were Naproxen, Protonix, Gabapentin, Advil and aspirin. The gait was normal and she walks without assistance. ██████████ felt she had cervical disc displacement, and brachial plexus lesion and neck pain. He felt the patient would benefit from a TENS unit to help reduce the pain in the right upper extremity, and it would help to continue her home exercise program with less pain, and help prevent escalations on medicine in the future. The reviewer certified a one month trial only. The IMR wished a full initial outright purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit and supplies (electrodes, batteries, lead wire): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulator.

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

Decision rationale: The MTUS notes that TENS is 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.- Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)- Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985)- Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be 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. There was a treatment modification for the one month trial. However, a full out purchase as proposed in these records is not supported. The request is appropriately not medically necessary.