

Case Number:	CM14-0113969		
Date Assigned:	09/16/2014	Date of Injury:	08/15/2008
Decision Date:	10/16/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiologist, 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 38-year-old female who reported an injury on 08/15/2008 due to an unknown mechanism. Diagnoses were status post right 5th digit laceration injury with right 5th digit neuralgia, complex regional pain syndrome type 1, right upper extremity with secondary right cervical myofasciitis, and adjustment disorder due to chronic pain with mixed anxiety and depressed mood. Past treatments were failed spinal cord stimulator trial. The physical examination on 03/17/2014 revealed complaints of chronic right upper extremity pain. The examination revealed continued chronic right upper extremity pain. There was persistent hyperalgesia in the right upper extremity with dysesthesias to pinwheel and right upper extremity weakness. The treatment plan was to renew medication and renew patches and cables for TENS unit. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/Interferential Unit and Supplies (including patches, pads, electrodes, cables, and batteries): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens, NMES, page 121, Interferential Current Stimulation, Page(s): 114-116, 118.

Decision rationale: The California Medical Treatment Utilization Schedule recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES) devices as there is no evidence to support its use in chronic pain. They do not recommend interferential current stimulation (ICS) as an isolated intervention. The medical guidelines do not recommend interferential current stimulation. It was reported in the physical examination that the injured worker needed new cables and pads, not a new unit. Functional improvement from the use of a TENS unit was not reported. The request does not indicate how often or how long the injured worker is to use this machine. The clinical information submitted for review does not provide enough evidence to warrant a TENS/interferential unit and supplies. Therefore, the request is not medically necessary.