Case Number:	CM14-0120308		
Date Assigned:	09/22/2014	**Date of Injury:**	12/16/2013
Decision Date:	11/07/2014	**UR Denial Date:**	07/15/2014
Priority:	Standard	**Application Received:**	07/28/2014

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 Internal Medicine and is licensed to practice in New York. 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 47-year-old male with a date of injury of 12/16/2013. The door of a truck container fell off and hit him on the head and right side of his body. He sustained an injury to his neck, right shoulder, and low back. On 06/24/2014, he had neck pain to both shoulders and back pain. He had numbness and weakness of his fingers. He had back muscle spasm. There was no bladder or bowel incontinence. He had decreased cervical and lumbar range of motion. Right hand grip was 40 and left was 80. There was tenderness of the paraspinal muscles. He could stand on toes and heels. Straight leg raising was positive on the right and negative on the left. On 07/05/2014 the requested TENS unit and Circulatory pump were denied. On 08/21/2014, he ambulated with a cane. He stated she had weakness of both arms and legs. Vital signs were normal. He was in no distress. Cervical and lumbar range of motion was decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Conductive Garment with TENS Pad: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 116. Decision based on Non-MTUS Citation ODG Neck & Upper Back

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

Decision rationale: Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) Pages 114 of 127Transcutaneous Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as TENS (Transcutaneous Electrical Nerve Stimulation) and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for TENS; rather there are several electrical specifications. Other devices (such as H wave stimulation (devices), Interferential Current Stimulation, Micro current electrical stimulation (MENS devices), RS-4i sequential stimulator, Electroceutical Therapy (bioelectric nerve block), neuromuscular electrical stimulation (NMES devices), Sympathetic therapy, Dynatron STS) have been designed and are distinguished from TENS based on their electrical specifications to be discussed in detail below. The following individual treatment topics are grouped together under the topic heading, "Transcutaneous Electrotherapy [DWC]" and are intended to allow the users of the chronic pain medical treatment guidelines to compare their benefits and to choose amongst the various transcutaneous electrical stimulation devices. All of the following individual treatment topics are from the ODG guidelines. TENS, chronic pain (transcutaneous electrical nerve stimulation) 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured.

Purchase of Circulating Pump: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014. Neck, Continuous Flow Cryotherapy

Decision rationale: MTUS, ACOEM (Chapter 8 - Neck and upper back complaints, Chapter 9 - shoulder complaints and chapter 12 - Low back complaints) for treatment of shoulder, neck and low back injuries does not mention continuous flow cryotherapy as a standard treatment. ODG notes that it is not recommended treatment. It is used post operatively for some patients with shoulder surgery in the immediate post-operative period for up to a week. However, this patient is not scheduled for shoulder surgery.