

Case Number:	CM14-0138731		
Date Assigned:	09/05/2014	Date of Injury:	05/11/2009
Decision Date:	11/03/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/27/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old female with a work injury dated 5/11/09. The diagnoses include cervical degenerative disease; cervical radiculitis; myofascial pain; and pain in the upper/lower extremity; medial and lateral epidconylitis. Under consideration is a request for TENS Patch x 2. There is a primary treating physician report dated 8/4/14 that states that the patient continues pain across her neck, elbows and across her upper back. She has been feeling more numbness and tingling in right upper extremity. The medication help about 30-40%. On exam there is a surgical scar in lateral and medial epicondyle noted. On exam the + Cozen test in the right UE. The gait is normal and the patient is alert and oriented. The treatment plan includes continue paraffin bath, psychiatry follow up; acupuncture. The patient has sufficient medications. A 5/3/14 document states that she also uses a TENS unit daily for neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patch x 2: Upheld

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

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

Non-MTUS Citation Â§ 9792.20. Medical Treatment Utilization Schedule--Definitions:
functional improvement page 1

Decision rationale: Tens Patch x 2 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines recommend TENS "as an adjunct to a program of evidence-based functional restoration." Additionally, there should be "a treatment plan including the specific short- and long-term goals of treatment with the TENS unit " documented. The documentation indicates that the patient uses a TENS unit but it does not indicate documentation of TENS unit outcomes in terms of pain relief and function.