

Case Number:	CM14-0151686		
Date Assigned:	09/19/2014	Date of Injury:	06/19/2000
Decision Date:	10/22/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/17/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 61-year-old with a reported date of injury of 7/23/1975-6/19/2009, 7/31/1997, 9/19/1995 and 10/12/1993. The patient has the diagnoses of status post C5-C7 ACDF with functional level pathology, right shoulder impingement syndrome with superior labral tear, status post right shoulder proximal humerus tumor, left shoulder impingement syndrome, bilateral carpal tunnel syndrome, status post L4-S1 posterior lumbar interbody fusion with reduction of listhesis, right elbow lateral epicondylitis, status post removal of lumbar spinal hardware and ear tumor. Per the most recent progress notes provided for review by the primary treating physician dated 08/06/2014, the patient had complaints of frequent pain in the cervical spine that radiates to the upper extremities and is associated with headaches. The physical exam noted palpable cervical paravertebral muscle tenderness with spasm. There was a positive axial loading test and Spurling's maneuver. The cervical spine had limited range of motion and tingling and numbness in the C5 dermatome. Treatment plan recommendations included physical therapy and a muscle stimulator

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit muscle stimulator purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for Chronic Pain; Criteria for the use of TENS.

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

Decision rationale: The California chronic pain medical treatment guidelines section on TENS therapy states: 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. TENS therapy is not recommended for primary treatment. It is recommended for a one-month trial period and then to be used in adjunct to a program of evidence based functional restoration. The request is not for a one-month trial period, but an unspecified time period. Thus criteria have not been met for its use per the California MTUS and the request is not medically necessary.