

Case Number:	CM14-0151896		
Date Assigned:	09/19/2014	Date of Injury:	08/19/2010
Decision Date:	11/19/2014	UR Denial Date:	08/19/2014
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 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:

This is a 48 year old patient who sustained a work related injury from 1/1/98 to 8/19/10 Patient sustained the injury to cumulative trauma and repetitive stress. The current diagnoses include worsening of right-sided carpal tunnel syndrome, cervical myofascial strain, lumbar myofascial strain, and gastro esophageal reflux disease and foot and ankle tendonitis. Per the doctor's note dated 2/3/14, patient has complaints of pain in neck, bilateral wrist and hand, low back, bilateral leg and bilateral ankles, feet and toes. Physical examination revealed limited range of motion. Examination of the lumbar spine revealed tenderness and spasm of the paravertebral muscles from L3 to the sacrum, straight leg raising was negative bilaterally and motor, reflex and sensory examinations of the lower extremities were normal. The current medication lists was not specified in the records provided. The patient has had Computed tomography (CT) of the right foot on 11/4/10 that revealed moderated hypertrophic changed at the talonavicular joint and cubital calcaneal and mid subtalar joint space; electrophysiological studies of the upper extremities dated 1/13/12 that revealed severe entrapment of the medial nerve at both wrists, carpal tunnel syndrome; Magnetic resonance imaging (MRI) of the cervical spine reviewed on 9/20/13 that revealed straightening; Electromyography of the cervical spine on 9/20/13 that was normal; X-ray of the right ankle and foot on 9/20/13 that revealed extra osseous calcification at the insertion of the Achilles tendon; magnetic resonance imaging of the lumbar spine reviewed on 2/3/14 that revealed small disc bulge. Per the notes dated 2/3/14, electromyography had ruled out a radiculopathy. Diagnostic reports were not specified in the records provided. Any surgical or procedure notes related to this injury were not specified in the records provided. The patient has received an unspecified number of the chiropractic, physiotherapy visits for this injury. The patient has used a brace, electrical stimulation, diathermy and transcutaneous electrical nerve stimulation for the right foot and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) Unit with supplies (unlimited): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

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

Decision rationale: According the cited guidelines, electrical stimulation (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. 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. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)."According the cited guidelines, Criteria for the use of TENS is; there is evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. The patient has received an unspecified number of the chiropractic, physiotherapy visits for this injury. The patient has used a brace, electrical stimulation, diathermy andtranscutaneous electrical nerve stimulation for the right foot and ankle. Detailed response to previous conservative therapy and TENS unit was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the TENS unit is not fully established and therefore the need for the TENS unit supplies is also not established. The request for Transcutaneous electrical nerve stimulation (TENS) Unit with Supplies (unlimited) is not medically necessary.