

Case Number:	CM14-0161801		
Date Assigned:	10/07/2014	Date of Injury:	04/04/2014
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/02/2014

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 39-year-old male who reported an industrial injury on 4/4/2014, eight (8) months ago, attributed to the performance of his usual and customary job duties reported as cumulative trauma from 1/1/2014 to 8/5/2014. There was no incident cited other than the performance of his usual job duties. The patient was documented to have been laid off work on 8/19/2014. The patient was documented to complain of neck pain; left wrist pain; and psychiatric issues through an interpreter. The objective findings on examination included no acute distress; tenderness to palpation to the suboccipital region as well as over the scalene and trapezius muscles; cervical spine range of motion was documented as diminished; left wrist demonstrated no swelling; tenderness to palpation over the carpal bones and thenar/hypothenar Eminence; range of motion of the bilateral wrists were documented as diminished; sensation was reported to be diminished over C5, C6, C7, CA, and T1 in the left upper extremity; motor strength is 4/5 in all muscle groups of the upper extremities. The patient is being treated for the diagnoses of neck sprain/strain; rule out cervical spine HNP; rule out cervical spine radiculopathy; left wrist sprain/strain derangement of joint; cervical disc displacement; anxiety; mood disorder; and sleep disorder. The patient was prescribed medical foods; topical compounded creams; x-rays of the cervical spine and left wrist; a TENS unit for home use; hot cold unit; physical therapy; acupuncture; shockwave therapy; psychologist for consultation; MRI of the cervical spine left wrist; EMG/NCV study the bilateral upper extremities; and TEROCIN patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Rental and Supplies X3-6 Month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 300, 203, Chronic Pain Treatment Guidelines TENS unit chronic pain Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand--TENS unit; Pain chapter--TENS unit

Decision rationale: The requesting provider did not provide a rationale with subjective/objective evidence to support the medical necessity of the TENS Unit or the electronic muscle stimulator for the treatment of the neck and UEs subsequent to the reported cumulative trauma injury. The ACOEM Guidelines do not recommend the use of TENS Units for neck, shoulder, elbow, or wrist as there is no objective evidence available to support their use. There is no demonstrated medical necessity for a TENS unit is a freestanding treatment modality without the documentation of a functional restoration effort. It is recommended that the patient undergo a 30-day trial to demonstrate functional improvement prior to the purchase of a TENS unit for the treatment of the lumbar spine chronic pain issues. There is no demonstrated chronic pain issues to the lumbar spine to warrant the prescription of a TENS unit. There is no justification for the use of the 4-lead TENS unit as required by the CA MTUS. The use of the TENS unit for the treatment for the wrist/hand/forearm is not recommended by the CA MTUS or the ACOEM Guidelines. There is no objective evidence provided to support the medical necessity of the requested TENS Unit or electric muscle stimulator for the treatment of the neck and back for the effects of the industrial injury. The TENS unit is directed to chronic neck and UE pain issues with a date of injury eight (8) months ago. There was no objective evidence to justify the continued use of the tens unit in the treatment plan for this patient. The CA MTUS and the Official Disability Guidelines only recommends the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. The TENS Unit is recommended for only chronic intractable pain. There was no provided documentation that the patient was participating in a self-directed home exercise program. The ACOEM Guidelines revised back chapter 4/07/08 does recommend the use of the TENS Unit for the treatment of chronic lower back pain; however, it must be as an adjunct to a functional rehabilitation program and ongoing exercise program. The CA MTUS only recommend the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. There are no recommendations for the use of the TENS Unit in the treatment of the neck, UEs, wrists, and upper back. There is no objective evidence provided by the requesting provider that the same results cannot be achieved with a home exercise program established for functional rehabilitation with strengthening and conditioning directed to the hand. There is no demonstrated medical necessity for the provision of a TENS for the rehabilitation of the pain reported to the neck and wrists reported to be attributed to the eight (8) months period of employment. There is no demonstrated medical necessity for the requested 3-6 months rental of a TENS unit with supplies.