

Case Number:	CM14-0169066		
Date Assigned:	10/17/2014	Date of Injury:	08/03/2011
Decision Date:	11/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/14/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 53 year old male with date of injury of 8/3/2011. A review of the medical records indicates that the patient is undergoing treatment for cervical radiculopathy and right shoulder rotator cuff repair. Subjective complaints include continued 8/10 pain in his neck with radiation down bilateral upper extremities; right shoulder pain. Objective findings include limited range of motion of the cervical spine with tenderness to palpation of the paraspinals; decreased range of motion of the right shoulder with tenderness on the rotator cuff. Treatment has included physical therapy, Nucyntra, Naproxen, Lidoderm patch, tramadol, gabapentin, Lunesta, and Flexeril. The utilization review dated 10/9/2014 non-certified a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for 30 days between 9/30/2014 and 12/05/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding inferential units, "Not recommended as an isolated intervention" and details the criteria for selection include:- Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." While the medical documents do indicate that the pain is ineffectively controlled (8-9/10 on pain scale), the treating physician does not specifically attribute the uncontrolled pain due to "diminished effectiveness of medications" or poor control of pain with medications "due to side effects" while on tramadol. The treating physician even notes that the patient has "worsening of pain without meds", which would indicate some level of pain control with the current medication. Additionally, the medical documentation does not detail any concerns for substance abuse or pain from postoperative conditions that limit ability to participate in exercise programs/treatments. The medical documents do indicate ongoing physical therapy (unknown number of sessions); however, progress notes do not detail unresponsiveness to other conservative measures such as repositioning, heat/ice, etc. As such, the request for TENS unit for 30 days is not medically necessary.