

Case Number:	CM14-0172220		
Date Assigned:	10/23/2014	Date of Injury:	04/01/2007
Decision Date:	12/02/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational 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:

The request was for a TENS unit. The application for independent medical review was signed on October 13, 2014. There was also a utilization peer review. The previous reviewer spoke with [REDACTED] regards seven requests submitted. They discussed the use of vibration therapy for the treatment of fibromyalgia. The claimant's doctor felt it was supported in the rheumatologic literature. The peer review doctor disagreed with that the decision, and felt the employee did not have a diagnosis for which attending unit or back brace would meet California MTOS guidelines. Per the records provided, he is described as a 64-year-old associate director who was injured in 2007 reportedly from cumulative trauma. The only treatment noted in the medical records available for review was medicine. The last office visit was from July 1, 2014. The patient complained of generalized pain rated 7 to 8 out of 10 and a sleep disorder. The only physical finding noted is multiple tender points and warm elbows and calves. The employee is diagnosed with fibromyalgia. A note from the claimant's doctor for May 14, 2014 notices that there is widespread pain above and below the waist on both sides of the body. He injected the left epicondyles with good response, and it was 50% better. The impression was fibromyalgia, neck pain, history of hypertension, and bilateral medial epicondylitis and left lateral epicondylitis resolving and a history of a sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation) Page(s): 114-.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

Decision rationale: The MTUS notes that 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. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia (Niv, 2005). Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985). Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm (Miller, 2007). The records submitted did not show that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. The request is not medically necessary.